THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 21, Number 3 Spring 1993

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THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 21, Number 3 Spring 1993

Introduction

Young people, old people, the mechanisms of disease, the maintenance of good health—this edition of *Medical College of Georgia Today* covers the gamut.

And it's fitting, because MCG's mission is so encompassing, and grows more so as the school evolves. Good health for all ages, including disease prevention, treatment and cure, is the thread that ties together the bustling activities of research, education and patient care that unfold on campus daily.

The articles in this edition reflect those efforts. Read, for instance, about a branch of medicine that reflects society's trend toward exercise: sports medicine. A team effort at MCG helps ensure that injuries don't sideline athletes—both professional and those who choose a sport for fun or good health.

Read also about the other end of the spectrum: lack of exercise and too many hours spent watching television or playing video games. It's a way of life for many of today's kids, resulting in a dramatic increase in the prevalence of childhood obesity. The problem has implications for a lifetime, and MCG doctors are working to turn the tide.

On a more upbeat note, we update you on the work of MCG researchers who are studying the secrets to vibrant, healthy old age. The centenarians they've studied both inspire and amaze. You might recall reading about them in the 1988 Annual Report. MCG's Division of Institutional Relations has been following a five-year plan designed to emphasize the school's various missions. As we move into year five, we reflect on the past four years and gauge our progress. Part of that agenda will include periodically revisiting some people you've met in previous editions of the magazine, updating you about their work.

We also share with you a profile of the dean of the School of Nursing, who coincidentally turns 50 this year along with the school she oversees. Both she and the school have rich, productive histories, but Dr. Vickie A. Lambert is looking to the future. She shares her insights and expectations in this edition of the magazine.

Also, please take note of a survey included inside. The questionnaire requests anonymous demographic information that will help us better serve you. Please take just a moment to fill it out and drop it the mailbox. The more we know about you, the better this magazine—your magazine—can reflect your tastes and needs. ■

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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Back on Their Feet

Ken Syphertt went up to take a shot and came down to a fall.

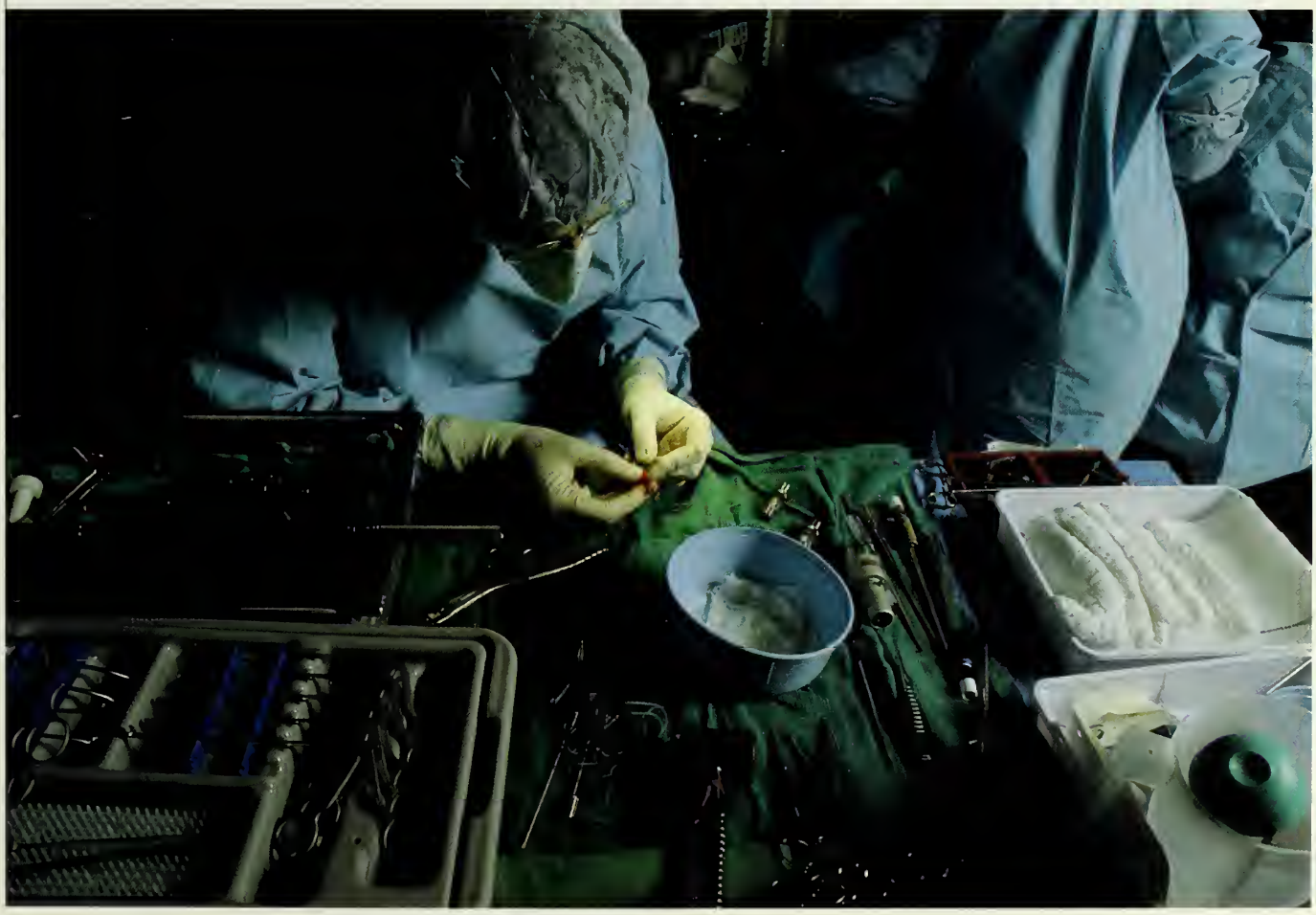
"I landed wrong. My knee twisted. When I heard the popping, that's when I knew. I lay on the floor for a little while. I tried to get up, but I couldn't move. A couple of my friends helped me off the (basketball) court," said the 24-year-old former high school power forward and present lover of playing and watching this very physical sport.

Mr. Syphertt's words are familiar to Dr. Jewell B. Duncan.

"As far as I'm concerned, the best test for deciding if somebody has a cruciate ligament tear is a history and physical," Dr. Duncan said of one of the most common injuries he sees as director of orthopedics sports medicine at the Medical College of Georgia.

The cruciate ligament keeps the knee aligned, preventing the big bone in the lower portion of the leg, the tibia, from moving too far forward, away from the big top bone, the femur. It was a torn cruciate ligament that ended Dallas Cowboy great Tony Dorsett's career.

A new ligament is fashioned from the patella tendon.



"(Patients) give you a classic history. Generally it's a twisting motion. It puts too much stress on the ligament because of that twisting motion. They may have felt a pop. They go down. They get up. They try to play, to ski, try to do something else and they are not able to do it," Dr. Duncan said.

"Any kind of sport where you can have a twisting motion of the knee can put you at risk," Dr. Duncan said. "(Snow) skiing is one of the higher-risk sports, football is another one, basketball, lacrosse and soccer."

"(After the fall), I was thinking, 'That's the end.... I'll never be out shooting again,'" Mr. Syphertt said. "It felt pretty bad. That's my favorite hobby, is to play basketball. It's fun and exciting."

As a power forward at Newberry High School, he did a lot of rebounding and some shooting. "I wasn't college material, but I considered myself good."

Today he's a husband, father and Savannah River Site employee playing in a recreational league because he still likes the competition, the kinship and the physical activity. His accident, it turns out, didn't mark the end after all.

"You are trying to give them back something they have lost," Dr. Duncan said of his sports medicine profession. "We are not dealing with people who are going to generally die from the injuries they have."

His patients tend to be aggressive, competitive people, some hoping to make sports a career; others, such as Mr. Syphertt, who want to keep sports a part of their lives.

Dr. Duncan can relate.

This 1986 graduate of the MCG School of Medicine lettered in three sports his junior and senior high school year. He was captain of the football team, most valuable wrestler, a member of the track team.

As a junior, he hurt his shoulder playing football and was told to go to the doctor. "I was afraid he was going to inject my shoulder and not let me play. So I went and sat in his office 30 minutes and then went back to practice. They asked me if I went to the doctor and I said, 'Yeah, I went to the doctor.' I played for the rest of the year. I couldn't raise my arm."

Later, as an orthopedic resident at MCG, he learned he'd bruised his rotator cuff.

And in a subsequent sports medicine fellowship at Colorado's Rocky Mountain Sports Medicine Center, he learned how best to treat these sports injuries in a specialty that is as aggressive as its patients.

"Sports medicine, to me, is a difference in philosophy," Dr. Duncan said. "If you are reconstructing the cruciate ligament, it's a surgical technique. But the philosophy of what you use, how you use it, how fast to rehabilitate it, how aggressive you can be with them..." is something that has impacted the care of sport injuries specifically and orthopedics generally, he said.

"The quicker we get (patients) in, the better it's going to be," said Ginny Davis, physical therapist, certified athletic trainer and supervisor of the MCG sports medicine team.

"We can immediately get to work on reducing the swelling and inflammation and get them working on some exercises that are non-stressful to the joint and keep the muscles toned," said Ms. Davis, a 1989 graduate of MCG's School of Allied Health Sciences. "We see two types of patients. First someone who has a chronic injury that has been there for a long time. And we see people like Ken, who have an acute injury."

Mr. Syphertt came to MCG Emergency Services right after his injury. Ms. Davis applied ice to decrease the swelling and electrical stimulation to the quadricep muscle to help maintain and regain the ability to contract this major leg muscle.

Straight leg lifts don't aggravate the joint but do help stimulate muscles around the front and back of the knee. Isometric contractions keep muscles working and strong. Extension exercises help maintain a normal gait.

Surgeons use an arthroscope to replace the torn ligament, giving them a view and room to work without huge incisions in the knee. Ten years ago, more invasive approaches increased trauma, pain and rehabilitation time. The arthroscope Dr. Duncan uses today measure 4.5 millimeters and requires a small incision. He's studying a 2.7 millimeter scope to see if he can get comparable accuracy with even less trauma.

Once Dr. Duncan removes torn ligament, he fashions a new one out of the patella tendon, also found in the knee. He likes to use the tendon, because most people have tendon to spare. Also, a graft taken from the tendon has bone plugs on either end which he believes help initially with fixation. "I think it heals better, quicker, to give stability." Tiny screws are used to secure the graft.

The tendon and ligament are similar in their flexibility, but the tendon is, at least initially, much stronger. "As it heals, it gets weaker, (but as it) vascularizes, it becomes more like the ligament it replaces," Dr. Duncan said.

The weak point is probably two

to three months after surgery. At six months, the tendon graft has essentially the same strength as the old anterior cruciate ligament.

Right after a cruciate repair, Ms. Davis is back with the patient, taking off heavy dressings and putting on lighter ones, putting ice packs on the knee, using a continuous passive motion device that bends and extends the knee.

"Each time they perform an extension of the knee, we ask them to do a quadricep set, to contract the muscle and hold it. We've found that if we get them immediately after surgery, before the knee gets really sore, and get them to do quad sets, then they usually can continue to do them. If we do nothing, then by the next day, the knee is really sore and stiff and they cannot do a quadricep set."

She routinely sees sports medicine patients two or three times a week initially and designs a program they can do at home, the days she doesn't see them.

"At about 12 weeks, if they are having some problems that we still need to work on, we (still) have them come in. We usually give them an option to go to the gym—most of them have one—let them work out on their own and check them periodically."

"What we try to do is let them gradually build back up into it," Dr. Duncan said. "You tell an athlete, 'You can't participate,' and you drive them nuts. So basically, we try to keep everybody playing, gradually building them back up to the level they want."

Some patients with torn cruciate ligaments also have a torn meniscus, the collagenous tissue that acts like a shock absorber between bone. Dr. Duncan also sees these meniscus tears "in people who have jobs requiring a lot of squatting and in older people who have just kind of worn them out."

When torn, the meniscus doesn't heal well. "If you have to take the whole thing out, there's a 50 to 60 percent chance you will have problems with the joint wearing out early." Dr. Duncan uses donor material from the MCG Tissue Bank to transplant meniscus, primarily on younger, active people. He learned the technique during his sports medicine fellowship and brought the skills back to MCG when he joined the faculty in 1992.

The MCG sports medicine team also sees a lot of overuse injuries—tendons in the shoulders, elbows and knees that are inflamed, typically from doing too much, too fast.

"That's what we do as adults. We decide we are going to start playing tennis and we go out and play three hours and come in and wonder why our knees are inflamed and our shoulders hurt and our elbows hurt," Dr. Duncan said.

"I've seen a number of shin splints in high school kids who return to school after a laid-back summer and start marching or playing aggressively. No preliminary warm-up, no preparation, they just do it.

"We see people who dislocate their shoulders and tear up their knees, break their wrists, get ankle sprains." He sees chronic problems with bursitis and tendonitis.

To avoid the preventable among these injuries, Dr. Duncan suggests preparation, both by not trying to run a marathon the first time out and by warming up and stretching well before each workout.

"You prepare by getting the heart ready to work harder, you prepare by opening some of the blood vessels to the muscles in the extremities you are about to use. You get ready by stretching out the muscle tendon units."

He likes the analogy of giving an automobile a few minutes to warm up and get oil circulating before driving off. ■

—TONI BAKER

Ginny Davis monitors patient's progress

There's something special about people who live to be 100 and are still involved with life. Discovering what that something is has become a nine-year study for gerontology researchers at the Medical College of Georgia and University of Georgia.

"We are looking at people who have beaten the odds, who are expert survivors and have adapted well to their lives," said Dr. Gloria Clayton, professor of nursing at the Medical College of Georgia and senior research scientist with the University of Georgia Gerontology Center.

The Georgia Centenarian Study is collecting information on elderly people who live independently or semi-independently in their communities. The study compares centenarians to a group of people in their 80s and a control group in their 60s. It covers a wide variety of areas, including physical and mental health, coping skills, genetics, nutrition and environmental support.

"We hope this study will allow us to give a good picture of the adaptation of the extremely old, and also give a better insight concerning the relative influences of the various factors we are investigating," said Dr. Leonard W. Poon, director of the UGA Gerontology Center and principal investigator. "Perhaps it will give us new information about whether nature or nurture is more important in living to be 100."

Study staff members interview centenarians about their families, life events, diet, daily activities, church affiliations, and so on. The researchers interview each person two times, at least 18 months apart, to see if differences appear from one time period to the next.

The centenarians interviewed have had lives that on the surface often don't have much in common. For

LIVING LONG LIVING *Well*

instance, Sarah, 103, was raised on a small farm in rural Georgia, and although her parents had little education, they supported their children through high school and Sarah went on to earn a teacher's certificate. She was married for almost 60 years to a fellow teacher. Throughout her career, Sarah was involved in continuing education, and she remained involved in community issues long after retirement. Until age 96, she worked as a block captain for the American Cancer Society.

In contrast, Esther, also 103 and from rural Georgia, was one of 10 children born to a tenant farmer. She was beaten by her father and had to leave school at age 15. She married at 20 and had her only son a year later. Her husband died of a stroke when she was 35; several years later she remarried. Her second husband didn't work steadily and was sent to prison for theft, during which time Esther's 19-year-old son was stabbed to death. Her husband left her after he was released from prison. Although her only living relative lives less than a mile away, she doesn't visit; her only visitors are nurses.

Esther said that after her husband left, she "saw the light...to change her ways... and live right." She became very involved with her church and regularly attended twice a week. While she acknowledges that she's had a difficult life, she feels that, because of her religious beliefs, her life has become good.

An underlying theme in the lives of both Sarah and Esther is a healthy outlook on life. The study, which began in 1988 and has received National Institutes of Mental Health funding through 1997, has found this and some other similarities in those who live to be 100.

A general personality profile is emerging: the oldest old tend to be optimistic, cautious and somewhat demanding. They tend to be self-sufficient, although many have a strong support network. They don't automatically take things at face value, and they tend to be good at everyday problem-solving skills.

"We don't know whether they have had these personality traits from birth or developed them later on in life," Dr. Clayton said. "But these findings are consistent with the profile of a survivor."

Another common finding is that the centenarians tend to be involved with some activity that is important to them. "They're very engaged in something," Dr. Clayton said. "Their activities are important to them, no matter what level of physical activity they have.

"For instance, during the interviews, we ask the centenarians if they are involved in any physical exercise," she said. "Two participants said that they swim. But when we asked more detailed questions, we found out that one of them swims in the ocean nearly every day it's warm enough. The other, who is wheelchair-bound, goes to a local indoor pool, is helped in the water and spends some time in the pool. Even though these are clearly two very different levels of activity, it's important to each of them."

People over the age of 85 make up the fastest-growing segment of the American population, but there is surprisingly little research on this age group, according to Dr. Poon. "Most gerontological research has studied people age 60 to 72, and we can't

assume that data from 60- to 70-year-olds applies to 100-year-olds."

"Our work gives us the opportunity to extend the research on aging," he said. "So much time has passed since these people were 60 that it's almost as if they've lived a whole additional lifetime."

"It's really a fascinating patient population that has not been studied well," said Dr. Martha Nichols, an MCG neurologist and co-investigator of the project who physically examines the participants and assesses their functioning abilities. "Medicine has tended to lump together people over about age 60. Not much research has been done."

Dr. Nichols repeats the tests at two-year intervals. "It encourages me to see how many are still here two years later," she said.

Her examinations reveal that the centenarians almost across the board exhibit signs of arthritis and glaucoma, but virtually no other health problems seem to be an inevitable aspect of aging.

Indeed, the centenarians seem to have deep faith in the ability of their bodies to sustain them, and many of them report their health to be excellent. "Most of them take very minimal medication," Dr. Nichols said.

And although many reflect their rural Southern roots and have eaten a high-fat diet throughout their lives (the effects of which might have been counteracted by high activity levels, Dr. Nichols theorizes), most have seemingly instinctively avoided health risks such as drinking heavily and smoking.

One centenarian summed up her lifelong habits this way: "I didn't abuse myself. I never smoked, I never drank, I never used any drugs, any cocaine, whatever they're using now. I didn't know anything like that."

The centenarians generally do score lower on physical and mental tests than do the 60- and 80-year-olds, "but instead of a continued decline at the expected rate, based other gerontology studies, we have found that the rate of decline in this population is much less," Dr. Poon said.

"Senility is not a necessary consequence of aging," Dr. Nichols said. "We have 109-year-olds who are as sharp as a tack. If a loved one in your life is losing his memory, it shouldn't be passed off as aging. It isn't normal. (Centenarians') ability to learn lots of new information tends to decrease with age, but decreases in basic intelligence and memory don't normally occur."

On practical tests, such as problem-solving, centenarians score about the same as the younger groups, Dr. Poon said.

"For example, one practical problem-solving question might be, 'What would you do if someone knocked on your door at 2 o'clock in the morning and said they were the police?'" Dr. Clayton said. "Centenarians answered this question as well as the younger groups, and most of them would want some proof before opening their door."

And despite the gradual decline in some mental and physical functioning with age, "it seems important that they are able to maintain an optimistic outlook in spite of it," Dr. Clayton said.

Indeed, although some things are beyond control—"there are certain things that genes just have stacked up against you," Dr. Nichols said—the neurologist concurs that a positive outlook seems to be a powerful indicator of longevity. "Their attitudes are great, and they've been great all their lives," she said of the centenarians she's studied. "I think that has a big role in overall health."

Louis, 97, and his friend Anna, 103, showed extraordinary coping skills and an optimistic outlook when Hurricane Andrew hit near their home last year. After they decided to stay in their apartment building through the storm, they carefully devised a plan and stored fresh water and food. Friends, family and fellow members of their temple sent additional supplies and many called. As the storm approached, Louis manned the hallway while Anna played hostess to non-stop telephone calls. Louis sat in the hallway while Anna slept until the storm hit.

They were calm during the storm. Anna took care of some leakage around her bedroom windows. Although the power was out for several hours, Louis noted that the candles provided a romantic tone to the early morning, and they ate breakfast by candlelight.

"I didn't realize we had so many friends still," Anna said. "I thought we had outlived all our friends, but the younger ones still care. We still have people to rely on."

Many of the centenarians describe themselves as religious. Some of the study results suggest that religion and coping skills appear to be related and that religious coping methods are more important for these oldest old.

Charles, 101, described his faith: "I represent a Father in heaven who owns everything. That's one of the reasons I've gotten along so well. I haven't been worried about where the next dollar was coming from."

The study of those who live long and live well ultimately has much to teach younger generations, Dr. Nichols said. "I think it's made me more aware of our potential," she said. "As a physician, you get so used to seeing the elderly with health problems. It's a great role model to see healthy old people with great attitudes. You come away feeling much better about life and yourself after meeting these people." ■

—INGRID HEGGOY WITH CHRISTINE HURLEY DERISO

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AlumNews

1993 Homecoming Plans Updated

Editor's Note

The following is an update of activities for MCG's 1993 homecoming celebration April 29 through May 2. Please note that some information has changed since the activities were listed in the winter edition of *AlumNews*. For more information, contact Tammy Berry, alumni activities coordinator, at 1–800–869–1113.

General Information Those who pre-register for homecoming by mailing or calling in reservations for events by April 19 are eligible for prize drawings April 29 at 4 p.m. in the MCG Alumni Center. Prizes include dinners for two, weekend activities for two and MCG merchandising items. You needn't be present to win.

Even if you pre-register, please visit the MCG Alumni Center during registration hours to pick up name tags, packets and other materials.

Refunds for homecoming events will not be made for reservations canceled after April 19.

To make reservations or for more information, contact Ms. Berry.

Travel Delta Air Lines is the official air carrier for homecoming. Delta will handle every call, regardless of departure city. Call 1–800–241–6760 8 a.m. to 11 p.m. eastern time for reservations. Refer to file number L0686.

Babysitting The alumni office (1–800–869–1113) will supply a list of babysitters and their telephone numbers upon request. You are to make arrangements with the babysitter and make payment directly. MCG does not guarantee and is not responsible for the quality of service.

Merchandise for Sale Some of the items included in the MCG merchandising program will be on sale during registration at the MCG Alumni Center. Items include tote bags, coffee mugs, shirts, ties, scarves, blazer buttons and pen-and-pencil sets.

Daily Schedule of Events

Thursday, April 29

—Registration, MCG Alumni Center, 9 a.m. to 2 p.m.
—Respiratory therapy program, Holiday Inn West, time to be announced. For more information, contact Arthur Taft at 706–721–3553.
—Respiratory therapy banquet. Location, time to be announced. For more information, contact Mr. Taft.
—Graduate studies distinguished alumnus award presentation and lecture, room 108, Robert Greenblatt, M.D. Library, noon.
—Graduate studies luncheon, conference room, Murphey Building, 1:30 p.m., $8.

Friday, April 30

—Registration, MCG, 9 a.m. to 5 p.m.
—Respiratory therapy program, Holiday Inn West, time to be announced. For more information, contact Arthur Taft at 706–721–3553.
—Associated dental sciences program, ballroom, MCG Alumni Center, 7:45 a.m.
—Medical technology symposium, Telfair Inns, 8:15 a.m. Luncheon at noon.
—Tours of Ambulatory Care Center/Specialized Care Center. Tours start from lobby of MCG Alumni Center. 10 a.m. and 2 p.m.
—Homecoming golf tournament, Jones Creek Golf Club, 11 a.m. $55 for alumni, $20 for students.
—Medicine dean's reception, solarium, Old Medical College, 5 to 7 p.m.
—Associated dental sciences riverboat reunions, Princess Augusta Riverboat, 6:30 p.m., $34.
—Graduate studies fish fry, ballroom, MCG Alumni Center, 6 p.m., $8. (Free to students.)
—Dentistry reunions for classes of '73, '78, '83 and '88. Telfair Inns, 7 p.m., $25.
—Nursing 50th anniversary program and dinner, Radisson Hotel Augusta and Conference Center, 7 p.m., $25.
—Allied health sciences 25th anniversary dinner, Sheraton Augusta Hotel, 6:30 p.m., $20.
—Medicine alumni banquet, ballroom, Old Medical College, 7 p.m., $35.

Saturday, May 1

—Registration, MCG Alumni Center, 9 a.m. to 4:30 p.m.
—Associated dental sciences program, School of Dentistry building, 7:30 a.m.
—Dentistry program, School of Dentistry building, 8 a.m. $75 for SDAA or AGD members before April 19 and $100 afterward; $150 for non-members before April 19 and $175 afterward. Cost includes luncheon in MCG Alumni Center.
—Physical therapy workshop, physical therapy building, 8:30 a.m. For more information, contact the department at 706–721–2141.
—Medicine alumni association board of directors meeting, large conference room, Old Medical College, 9:30 a.m.
—Medicine alumni association and MCG Foundation luncheon, solarium, Old Medical College, 11:30 p.m.
—MCG Foundation board of directors meeting, large conference room, Old Medical College, 1 p.m.
—President's reception, president's home, 920 Milledge Road, 3:30–5:30 p.m.
—Physical therapy banquet, location to be announced, 7 p.m. For more information, contact the department at 706–721–2141.
—Medicine 1943 March reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1943 December reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1948 reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1953 reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1958 reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1963 reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1968 reunion, Radisson Hotel Augusta, 7 p.m., $40.

continued on page 20

Allied Health Sciences

A Message from the Dean

Dr. Biagio J. Vericella

Homecoming will hold very special meaning for all of us this year. The School of Allied Health Sciences celebrates its 25th anniversary and it will be commemorated by a banquet during Homecoming weekend April 30–May 2.

At 6:30 p.m. on Friday April 30, we will have a banquet at the Sheraton Augusta Hotel. The banquet will afford us the opportunity to view a videotape being developed, reminisce and present the alumnus of the year award. We invite you to contact us concerning table accommodations for alumni groups. The celebration also will include issuance of a booklet recording the history of the School of Allied Health Sciences thus far to all alumni, students, faculty, staff and other friends. Be on the lookout for your copy.

It will be a good time for reflection, which is good, especially if it serves to propel us all into the future with enthusiasm and wisdom. I look forward to being with you on April 30! ■

Dean Reflects on School's Past, Future

Ingrid Heggoy

The Medical College of Georgia School of Allied Health Sciences' celebration of its 25th anniversary provides an opportunity to look not just back but ahead, according to Dr. Biagio Vericella, dean of the school.

"There is a severe shortage in this state of allied health practitioners," said Dr. Vericella. "And I strongly believe that working to meet this need is one of our goals. In addition to this focus on education, we feel it is important to add to the existing knowledge base in the allied health fields."

The School of Allied Health Sciences, founded in 1968, offers 40 degrees and certificates in 15 disciplines, covering a variety of specialties through nine departments. Areas of study include dental hygiene, dental laboratory technology, diagnostic medical sonography, flow cytometry, health information management, medical illustration, medical technology, nuclear medicine technology, neurodiagnostic technology, occupational therapy, physical therapy, physician assistant, radiation therapy technology, radiography and respiratory therapy.

Allied health education at MCG actually traces its roots back to 1937, at which time the school offered laboratory training in medical technology. In 1968, Dr. Raymond Bard consolidated the medical technology, medical illustration, radiologic technology, medical record library science (now health information management) and dental hygiene programs to create the school.

The school grew rapidly during the 1970s, as the departments of physical therapy, occupational therapy, physician assistant and respiratory therapy were formed.

Many new degrees and certificates were developed during the 1980s, including associate and bachelor's degrees in radiation therapy and associate degrees in neurodiagnostic technology, nuclear medicine technology, occupational therapy assistant, physical therapy assistant and histotechnology.

"I believe that new knowledge and new technology will create a need for some additional programs and change in some of the existing ones," Dr. Vericella said. "As these needs come clearly into focus, we will be ready to respond to them."

The school has developed several external degree programs, including a dental hygiene program in Rome, Ga., and a physician assistant program in Albany, Ga., in conjunction with the Southwest Area Health Education Center. Plans are under way for the Department of Medical Technology to offer a bachelor's degree program in Dalton, Ga., and associate and bachelor's degree programs in health information management are under development in the Atlanta area. A physical therapy bachelor's degree program is tentatively planned in Albany, according to Dr. Vericella.

"We are working with others to develop these programs in Georgia. We see this as a part of our mission as the state's health sciences university, helping to improve health care in the state through education," Dr. Vericella said. "As the needs arise, I see us working with every sector of the state to develop programs such as these.

"As we move forward, I also see us working to broaden our graduate programs within the allied health fields," he said. "There is a documented national shortage of faculty in the allied health professions and therefore a shortage of professionals with graduate degrees to fill this need."

Research is a strong component of the school, according to Dr. Vericella. The Center for the Study of Physical Therapy Education and the Center for the Study of Occupational Therapy Education were established within the school during the past decade. The centers are designed to facilitate study of physical therapy and occupational therapy education, to disseminate information and to produce innovative educational materials.

"One of the goals I discussed when I became dean was a greater focus on research, and we have made progress toward its accomplishment," Dr. Vericella said. "We have increased the number of allied health papers published by faculty in professional journals. We have increased the number of grants we apply for, and the number we receive. We are contributing to the knowledge base in these fields." ■

Alum's Business Combines Health, Education

Ingrid Heggoy

When Tim Marlow began school, he set two goals for himself: to work in a field that allowed him to help and teach people and to own his own business by the time he was 40.

He has fulfilled both these goals, a decade ahead of schedule and only five years after graduating from the physical therapy program at the Medical College of Georgia. He and fellow graduate Melanie Messer own Peach State Therapy, Inc. and operate Physical Therapy South clinics in Griffin, Fayetteville and Peachtree City, Ga.

When he began looking for a career, Tim knew he wanted to work in a field that allowed him to help people and to teach. He thought about becoming a teacher, but decided it wasn't quite the fit he was looking for.

"This might sound like a cliché, but my grandmother was severely disabled with rheumatoid arthritis. If someone had worked with her the way I work with arthritis patients now, she wouldn't have had to be in a wheelchair the last 20 years of her life. I decided then that I wanted to do something to help people.

"I decided to enter the program at MCG. The PT program is excel-

lent; it's very self-directed. They don't sit there and lecture to you—you use all the many available resources to gain your full education. It's very challenging, but it helps make you confident, independent, a self-starter.

"I looked at physical therapy, and here I'm helping people and I'm a teacher, so it's the best of both worlds. And it's a hands-on profession: you're touching people, which generally makes people feel good."

He is the chief executive officer of his business; Melanie is the president. "I'm based in our Griffin office and Melanie operates out of the Fayetteville office. We work hard and keep very busy, and once a month we have a corporate meeting—we get together and have dinner," he joked.

Tim and Melanie opened the business with the support of several investors in 1989, and they acquired the entire business in 1991. They see a wide variety of patients, although they specialize in orthopedics, sports rehabilitation and industrial injuries.

"We love our business," he said. "We are diversifying, and we hope to continue a planned expansion regionally. Before we founded it, I was working for a hospital here in Griffin, and Melanie was working for an outpatient group. But I love working for myself."

The three clinics employ about 15 people, in addition to Tim and Melanie, including two full-time and one part-time physical therapists, three athletic trainers (Melanie also is certified in this field) and support staff.

"One of out PTs is a specialist in the field of work-related injuries," he said. "We have a lot of need for this, especially in Griffin, which is an industrial town. She oversees the rehabilitation of work-related injuries, and she goes to businesses to help develop and implement prevention programs."

Tim not only keeps busy with patients during the work day, but spends many evenings, as do other staff members, at county, high school and college athletic practices and games.

"(Athletes) practice much more than they compete, so they're really more likely to get injured in practice," he said. "Also, practice is the time that we can work with them and teach the athletes and coaches how to prevent injuries—stretching, nutrition and so on."

The practice hosts public-service arthritis seminars for both people with arthritis and family members several times a year. They produce a sports newsletter for coaches and physicians with information on preventing and treating sports injuries.

"I think it's important to be involved in the community," he said. "Of course, we hope that if someone is injured, they'll think of us. But we also hope we can help prevent a lot of injuries."

And as if his job didn't keep him busy enough, he and wife Betsy are proud new parents of triplet boys. John, Will and Burns were born in October. Children and parents are doing well. ■

Chairman Brings OT to Disadvantaged Children

Ingrid Heggoy

When Dr. Ricardo Carrasco agreed to serve as a consultant for a program working with disadvantaged children, he didn't yet realize the opportunities the service would offer.

Dr. Carrasco, who joined MCG in 1983 and was named chairman of the Department of Occupational Therapy in December, has improved the opportunities of both the children enrolled in the Head Start program and the occupational therapy students who work with them.

Head Start is a federally funded program for disadvantaged preschoolers, designed to help

Dr. Ricardo Carrasco

prepare them to succeed in school. The CSRA Head Start program works with children from Richmond, Burke, Screven, Jefferson, Emanuel, Jenkins, Bulloch, McDuffie and Warren counties.

"My involvement with Head Start has grown into a mutually beneficial relationship for both Head Start and the department," Dr. Carrasco said.

Dr. Carrasco works with the program an average of two mornings a week. Through his involvement, two additional occupational therapy faculty, Dr. Carol Lee and Kathryn Cammisa, also have become involved. And while Dr. Carrasco served as field work coordinator for the department, he helped organize a pediatric rotation for students through the program. Several students also have completed internships at Head Start.

"The children learn pre-academic skills, social skills and sensory motor skills that help prepare them not only for playing, but also for school," Dr. Carrasco said. "They also learn self-help skills that help them succeed in many situations.

"These are disadvantaged children, and many of them have problems that could potentially become learning or emotional disorders," he said. "A small number of them are more seriously disabled, with problems such as cerebral palsy, problems related to drugs or fetal alcohol syndrome."

Dr. Carrasco recently has been able to increase the number of needy children who receive occupational therapy through a grant from the Indigent Care Trust Fund. The case load has increased from 30 to 40 students a year to more than 100, he said.

"We either see the children directly, meaning that we have appointments with the children, or we supervise their treatment indirectly, through consultation with teachers and aides, who then implement the program we design," he said. ■

Medical Technology Symposium Slated

The Department of Medical Technology will offer a symposium on personnel competency April 30 in conjunction with the Medical College of Georgia 1993 homecoming celebration.

The symposium will provide information on approaches to determining personnel competency and various regulatory requirements.

Sharon Kutt, assistant professor of medical technology, will discuss teaching students using a competency model. Dr. Stephanie Summers, acting chairman of Georgia State University's medical technology department, will discuss laboratory personnel competency. A panel discussion, titled *How We Are Meeting Competency Regulatory Requirements*, will follow the presentations.

The program, which is worth .25 continuing education units, will be held at the Telfair Inn, 326 Greene Street. The 8:30 a.m. meeting will be preceded by a continental breakfast. It will conclude at 12:15 p.m. and will be immediately followed by the medical technology luncheon, during which the annual Outstanding Alumni Award will be presented. The cost for the symposium and luncheon is $12.

For more information,

contact Eleanor Bedenbaugh, administrative secretary, at 706–721–3244. ■

Respiratory Therapy Competition a Draw

Ingrid Heggoy

The first annual Georgia State University/Medical College of Georgia Challenge Bowl ended in a draw Jan. 21 as senior respiratory care students from each school were unable to best each other.

"Georgia State won the first round 10-5, MCG won the second round 10-5, and we called it a draw," said Art Taft, associate professor and director of clinical education for MCG's respiratory therapy program.

The competition, based on traditional academic bowls testing competitors' knowledge in subject areas, quizzed the students on respiratory therapy. It was held in conjunction with the annual winter meeting of the Georgia Society for Respiratory Care held in Augusta Jan. 20-22.

"We organized the competition to help foster a more active role for respiratory therapy students in the profession, and to foster some camaraderie among themselves," Mr. Taft said. "We also wanted to encourage them to attend the meeting and get involved with the society. Next year, we hope to expand the competition to include some of the other respiratory therapy programs in the state."

The event was held at the MCG Alumni Center, with free pizza and drinks for all competitors and observers. It was sponsored by Nellcor Inc., Fishback's Augusta Health Alliance, Primedica and Puritan-Bennett. ■

Continuing-Education Courses to Coincide With UGA Football Games

The Medical College of Georgia Division of Continuing Education will sponsor courses next fall in Athens, Ga., preceding each University of Georgia home football game.

The two-and-a-half hour courses offer continuing-education credits for health-care professionals. The courses are followed by a tailgate picnic for attendees and their families.

The dates of next fall's courses, and the games they precede, are Sept. 4, UGA vs. South Carolina; Sept. 18, UGA vs. Texas Tech; Oct. 2, UGA vs. Arkansas; Oct. 9, UGA vs. Southern Mississippi; Oct. 23, UGA vs. Kentucky; and Nov. 13, UGA vs. Auburn.

To register or for more information, contact the MCG Division of Continuing Education at 1-800-221-6437. ■

Program Director Refines Skills During 20-Year Career

Ingrid Heggoy

Lynn Reyes graduated from the diagnostic sonography program at the Medical College of Georgia in 1988, but she was in training long before that.

"I guess I'm just one of those people that it took a while to figure out what I wanted to do, which, it turned out, was to teach," said the new program director for diagnostic medical sonography at MCG.

Lynn Reyes

Actually, she taught for many years, without the official title. Ms. Reyes has been at MCG for about 20 years now, including 13 years in the pediatric echocardiography laboratory.

"Working as a tech in the lab, I helped a lot of students and fellows learn to image with the ultrasound equipment, and I enjoyed working with them," she said. "So I was teaching informally for many years, before I decided to go back to school and earn a degree in the field."

Ms. Reyes has worked in many areas while at MCG. She began in 1971 as a ward clerk in pediatrics. Later, a position opened in pediatric EKG, and she moved there, and six months later, when pediatric cardiology got its first ultrasound machine, she began working with it.

"I enjoyed working with ultrasound, and when I decided to go back to school, it was to expand my knowledge in the field," she said. "I wanted to gain more experience in related areas, since my expertise was in a subspecialty of the field, so I transferred to general abdomen ultrasound, which is in the radiology department, in 1987."

She went back to school part time at Augusta College to earn the prerequisites to enter MCG's program. Upon her graduation from MCG in 1988, she joined the faculty of the program as an instructor. She became acting program director in November 1992, and was appointed program director in January.

Ms. Reyes coordinates student rotations at MCG and 12 other sites, continues to work closely with the six to eight students admitted in the program each year and helps make sure the curriculum meets both national guidelines and the student's needs in the certificate and bachelor's degree programs.

"I still work part-time in general abdomen ultrasound, although I'm going to be there a little less now," she said. "I think it's important for me to keep my clinical as well as my teaching skills up to date, to work with students to the best of my ability." ■

Medical College of Georgia
School of Allied Health Sciences
1968–1993
Twenty-five years of excellence in education and promotion of health for Georgia

Dentistry

A Message from the Dean

Dr. David R. Myers

Just 20 years ago, we were preparing to celebrate the graduation of our first class of dental students. The members of that first class have established a memorable professional record and have served as the prologue for 19 subsequent classes. It is our pleasure to salute you. We are deeply proud of you and of all the services you are rendering to your patients, the contributions you are making to your communities and the imprint you are leaving on our profession.

Over the last two decades, higher education has faced increasing challenges. Dental education is undergoing fundamental change across the country. Those changes are mandated by escalating budget restrictions, by rising demands for accountability to society and by significant advances in the technology, art and science of dentistry itself. We are endeavoring to anticipate and adapt to these challenges.

Many of you are aware that several years ago, the various basic science disciplines were merged into a single Department of Oral Biology. Oral medicine, oral radiology and oral diagnosis also were merged into a single Department of Diagnosis and Patient Services. This year, we have taken another significant step and have consolidated the former departments of restorative dentistry and prosthodontics into a new Department of Oral Rehabilitation. This new department is administered by Dr. Frank Caughman as acting chair. Dr. Arthur Rahn, former chairman of prosthodontics, and Dr. Charles Morris, former chairman of restorative dentistry, will remain as senior professors with important roles in teaching, research and service.

The department will provide the necessary administrative framework for changes in our approach to dental education. Among these intended changes are an overall reduction in total curriculum hours which will be achieved in part by eliminating redundancies among the various courses. In addition, the consolidation should encourage communication among faculty and facilitate the care of complex adult patients in the clinic. Our goals are to improve important educational and patient-care procedures.

I intend to keep all of you informed of these changes as they are planned and implemented. We deeply appreciate your support and your suggestions as we meet current challenges and move through the third decade of service to our students, to our alumni and their profession and to the people of Georgia. ■

Founding Faculty Reflect on Generation of Change

Glenn Hudson

It was a time of mixed emotions back in the late '60s when the Medical College of Georgia School of Dentistry was in its infancy. Excitement and fear seemed to be in everyone's hearts as plans for the new school took shape.

Two instrumental forces that helped guide the MCG dental school through this tumultuous time have recently stepped down from their chairs to return to full-time teaching: Drs. Charles Morris and Arthur Rahn.

Dr. Arthur Rahn

When Dr. Judson C. Hickey became the first dean of the MCG School of Dentistry in 1966, the task of hiring faculty became the most important step in putting together a school with the ability to train students to the high standards demanded by the profession and to begin building a good reputation within the circles of higher learning throughout the country.

To accomplish these tasks, Dr. Hickey needed dentists who not only were excellent practitioners, but who could pass on their knowledge and skill to students. He hired Drs. Morris and Rahn to fulfill these goals. "They are both dedicated faculty people," said Dr. Hickey. "They are both highly skilled in providing care to patients and they provide a major contribution to our dental students."

For Dr. Rahn, who left the University of Kentucky to come to MCG in 1968 to chair the Department of Prosthodontics, the decision to come to Augusta was easy. "We were starting a brand- new school and I was going to be given the opportunity to do something that not many people get the chance to do," he said. "We were able to put into effect some of our ideas we had about dental education."

The scariest part of those early days was the fact that, while the school had been given backing by the state legislature, federal funds were not necessarily guaranteed. "It was a very exciting time. A very risky time however, because we put our futures on the line before we even knew if the school was going to be built as far as getting the grant money from the government," said Dr. Rahn. "Of course, if they wouldn't have gotten the money, we wouldn't have had a job. I don't know if that was told to us at the time or not," he laughed.

Dr. Morris arrived in 1972, one year before the dental school's first class graduated. "I had practiced for 15 years before coming here. I was invited by a friend to visit MCG but I told him not to waste his time because I wasn't interested in the job," he remembered. "It was because of meeting people like (Dr.) Hickey and seeing the atmosphere that prevailed here that I decided to give up practicing." Dr. Morris joined the staff as the course director for clinical skills. He was named chairman of the Department of Restorative Dentistry in 1977 when then-chairman Dr. Bob Kinser left the school to take a position in California.

The first order of business in those days was to develop a curriculum. This was a very difficult task and one which Dr. Rahn remembers quite vividly. "The many hours that we spent discussing curriculum, who was going to get what and how many hours, it is mind-boggling," he said. "The thing that was amazing to me was the many different ways of doing a procedure in our specialty. But, when you have to establish one procedure and present a unified front to our students to teach, that took hours." Tensions were high during those long nights. "I mean we hassled and fought and coerced and called each other crazy, but when we came out we had something that we all agreed in our own mind was the best for the circumstances," he said.

The late hours and the hard work in the early days of the school had a profoundly quick impact. "We very rapidly established ourselves as a strong clinical school," said Dr. Morris.

Dr. Rahn agrees. "I think the thing I am proudest about is that we have turned out some excellent

results," he said. "We ran a quality program."

Throughout the faculty recruiting process, the philosophy of hiring good clinicians remained focused. "We had some very sound principals which the school was founded on," added Dr. Rahn. "What I want to teach is an empathy and concern for the patient. The patient needs the feeling that the dentist is actually concerned about him."

Over the years, the curriculum has been one of the school's biggest hurdles as it grows. "The complicating factor to teaching dentistry is that the advancements in dental techniques and equipment has made it more complex, so we are teaching more to the student now than we were back then."

What was taught in dental school back then was quite different than today. "We had a 96-hour course in gold foil," said Dr. Morris. "We would actually use a mallet and hammer this into a cavity. This had been around for a hundred years or more and was considered the epitome of excellence."

Now, technology is changing so fast that it is hard for the teachers to keep up. "It used to be if a new dental material came out, you would test it for three to five years and see if it was worthwhile, then incorporate it into the curriculum," added Dr. Morris. "First the faculty has to learn them, then you have to set up the course so the student can learn them. If you ask any department what they need, they will tell you, 'More time.'"

In fact, so much has been added to curriculum that there is almost not enough time to teach all of it. "Times are changing. The curriculum is already packed, so where do we put the changes?" Dr. Rahn mused. "What material is old, archaic material and should be taken out and what should be put in that is new? It is very difficult to change the curriculum now."

The dental profession has evolved incredibly in the last few decades. Bonding, bleaching and porcelain veneers have revolutionized dentistry. "The development

Dr. Charles Morris

of porcelain in relation to tooth replacement and bridges has been an extremely important advancement in the last 30 years," remarked Dr. Morris. "The majority of changes in the curriculum have been brought about by these developments and the expense to the school is quite enormous."

Dr. Rahn points out that some things will always be the same. "The one-on-one teaching is very important in getting concepts in dentistry across to the student. That will never change."

Environmental controls have significantly affected the dental profession as well as AIDS and other infectious diseases have gained worldwide attention. Students must be taught how to meet and exceed strict government regulations.

"The implementation of all these infection-control measures has had an extremely complex impact on dentistry," said Dr. Morris. "Just a few years ago, a dentist wouldn't wear gloves unless he was an oral surgeon. Now, we wear rubber gloves, face shields and everything else."

The increasing overhead associated with government regulations and ever-changing technological advancements have added pressure to the business aspect of the profession. Today's student simply has a lot more to worry about than just clinical skill, the dentists agree.

Some of the changes over the years have not exactly been accepted with open arms. "There were some faculty who said, 'I just can't work with gloves on.' It has made a big impact on the time our students are allowed to spend working because they now have to spend time with housekeeping chores," Dr Morris said.

And students today are quite different than those who graduated from MCG's first class, Dr. Rahn said. "Our present-day student has got a lot of concerns," he said. "Sometimes it is hard for us old goats to understand." Teaching, he said, is a great deal like being a parent. "When I was brought up, the worst thing a kid could do was smoke cigarettes and tip over the outhouse. Nowadays, there are different pressures on these kids. The peer pressure to excel is mind-boggling to me. It is just like a parent; you do what you think is right, then you keep your fingers crossed and hope that it turns out."

That is what has made the founding faculty of the dental school so special, Dr. Hickey said. "Every student I have ever talked to respects (Drs. Morris and Rahn) highly," said Dr. Hickey. "They have a genuine concern for other human beings, and that should be a major goal for all faculty and their students." ■

Sophomore Honored

Glenn Hudson

The Medical College of Georgia School of Dentistry highlighted its sixth annual student table clinic day by naming sophomore dental student Ken Weldon student clinician of the year.

Mr. Weldon, a 2nd lieutenant in the Army who was set back one year while serving in Operation Desert Storm, was one of four dental school students who presented research conducted last summer under the direction of a dental school faculty member. Mr. Weldon is attending school on a military scholarship which allows him to keep his active status.

Mr. Weldon, supervised by Dr. Frederick Rueggeberg, associate professor of oral rehabilitation in the section of dental materials, investigated the role of cross-linking in polymers relative to restorative materials.

Cross-linking is the method by which composite dental materials are bonded together. By determining cross-link density in a dental material, the strength of the material can be predicted to assure that it will be sufficient for its intended purpose, such as filling a cavity.

The extent to which cross-linking occurs in plolymers can significantly affect the physical properties of the material. With little or no cross-linking, materials behave like elastics. As cross-link density increases, materials become harder and brittle. Mr. Weldon developed methods to determine the relative cross-link in model resin systems. ■

Dental School Ranks Third in Nation

Glenn Hudson

The Medical College of Georgia School of Dentistry ranks third in the nation out of a total of 52 dental schools, according to average test scores from the December 1992 national board dental exams given to senior dental students.

The test measures a student's knowledge in 10 different areas of dentistry. The average score for the MCG School of Dentistry was 84.2, only 1.2 points below the highest average score of 85.4.

MCG School of Dentistry average scores were higher than any other school in the nation in the areas of prosthodontics, orthodontics and pedodontics. The MCG School of Dentistry students also had a zero percent failure rate. ■

Graduate Studies

MCG-Ga. Tech Program to Spur Collaborative Research

Christine Hurley Deriso

The Medical College of Georgia and the Georgia Institute of Technology have developed a program to encourage collaborative research among the two institutions.

The Biomedical Research and Education Program earmarks funds for projects conducted jointly by MCG and Georgia Tech researchers. Each school has earmarked $150,000 to fund such projects. Any research projects whose principal investigators include MCG and Georgia Tech faculty are eligible for up to $30,000 of the funds.

The program is but one example of many recent initiatives to encourage university-system universities to collaborate, said Dr. Francis J. Tedesco, president of MCG. "This is a classic example of two sister universities with synergistic areas of research—Georgia Tech in engineering, MCG in medicine—pooling resources," Dr. Tedesco said.

One research project already under way matches Georgia Tech's computer expertise with the MCG Department of Surgery's effort to simulate laparoscopic surgery on a computer, thus enabling physicians and students to practice the surgery indefinitely before performing an actual operation. Georgia Tech also is working with MCG to enhance the abilities of telemedicine, a means of examining patients long-distance.

The new program formalizes and further encourages such collaboration, Dr. Tedesco said. "(The program) provides incentive for the two institutions to work together in a very cooperative and beneficial relationship," he said. ■

Neuroscientists Invited to Join Local Chapter

The CSRA chapter of the Society for Neuroscience is reactivating and invites local neuroscientists to join.

The society will meet at least once a year and will promote the general objectives of the Society for Neuroscience. The chapter's activities include hosting an annual Grass Traveling Scientist Lectureship. This year's lectureship, featuring Dr. Joshua R. Sanes, professor of neurob-iology at Washington University, was held March 17. Dr. Sanes discussed *How axons decide where to form synapses.*

If interested in joining the local chapter (you needn't be a member of the Society of Neuroscience to join), contact Theresa A. Harrison, assistant professor of cellular biology and anatomy at MCG, at 706-721-4669. ■

Alumni Directory Coming

The Medical College of Georgia will publish an alumni directory scheduled for release in June/July 1994.

The directory, published by the Bernard C. Harris Publishing Company Inc. in New York, will include the name, address, phone number, academic data and business information (if applicable) of more than 13,000 MCG alumni.

Alumni will soon receive a letter from the publishing company soliciting the information. (If you prefer not to be listed, please contact the alumni office as soon as possible at 1-800-869-1113.) *AlumNews* will publish updates as the project progresses. ■

'Olive Branch' Fellowship Still Yielding Fruit

Glenn Hudson

Some research at the Medical College of Georgia traces its roots to an olive branch extended during Jimmy Carter's presidential administration.

Former President Carter formed the AmidEast Peace fellowship in the late 1970s to help foster growth in Egypt and Israel, two formerly feuding Mideast countries.

"After the Camp David agreement between Egypt and Israel (a peace treaty signed at the vacation retreat for U.S. presidents), President Carter promised the countries that there would be some money available to help them develop their own countries," said Dr. Mohamed Sharawy, director of anatomy at the Medical College of Georgia School of Dentistry and volunteer consultant for the AmidEast Peace Fellowship.

The goal of the fellowship is to provide aid for Egypt and Israel while keeping the money within the United States. Students from those countries can apply for the funds to conduct research at a participating U.S. institution, such as the Medical College of Georgia.

Fellowship funds are not limited to any particular field of study. "We bring in people from all sectors, from universities, from private hospitals and from factories and other fields," Dr. Sharawy said. "They come to this country for their postdoctorate work after they get their Ph.D. in their own country. They come and do their research and then they go and defend their thesis in their own country."

The fellowship creates an exchange of knowledge between the United States and the Mideast, he said. "Their adviser from their own country will come here for one month to see what the student is doing. Also, we go and visit the student's country," Dr. Sharawy said.

"It's really an exchange of faculty as well as students. The students benefit because they get the advantage of living and doing research in this country.

They go back and apply what they have learned and spread it around."

There are currently three fellowship recipients, all from Egypt, working at MCG. Their research is focused on cleft palate syndrome, bone-grafting and the use of lasers for dental applications. The students keenly appreciate their opportunity, Dr. Sharawy said.

"What was discovered by President Carter is that if you help people help themselves, they appreciate it more. And once you get a student through our programs and they learn a few things about our country and form a tie with our country, that changes their attitude about us." ■

Alumna Plays the Field in Health Care

Christine Hurley Deriso

Dr. Patt Scherer remembers a childhood tumble that resulted in a trip to the emergency room. A hospital technician took X-rays.

"The technologist was so kind and gentle, she made it almost a pleasant experience," Dr. Scherer recalls.

It was a lasting impression; Dr. Scherer decided then and there to enter the field of health care. "I wanted to be able to help people without hurting them," she says.

Her mother recorded the child's ambition for posterity. "My mom put in my baby book when I was 10 that I wanted to work in a hospital when I grew up."

The dream stayed on course. Immediately after high school, Dr. Scherer enrolled in the Medical College of Georgia School of Allied Health Sciences Department of Radiology Technology. It was there that she got her first glimpse of nuclear medicine, at which point she changed course. "When I was exposed to that, it was like Star Wars," she says. She was hooked, and she went on to become certified in the field, graduating from MCG's program in 1972.

She spent the next few years applying her expertise, first at MCG and then at Aiken Community Hospital, where she helped develop a department of nuclear medicine.

"It was a challenge to be starting a new department in a community that had never been offered the services before," she says. The services involve scanning internal organs by injecting a patient with a radioactive material that is relayed to film.

She loved the work but found herself itching to expand her horizons. "While I was there, I was working with private physicians. I always wanted to know the how and the why. They said, 'You should think about medical school.'"

She was ambivalent. She loved the idea, but by this time, she was married and had a young son. But her husband turned out to be her biggest cheerleader. "My husband said, 'Go for it.' I thought about it for a while and decided to try it."

She took pre-med courses at Augusta College, then applied at MCG. She was turned down. But Dr. Scherer wasn't dissuaded, convinced the setback was only temporary. "It's upsetting when a goal is a little past your reach, but you just try again," she said. In the meantime, she established radiologic technology services at the Augusta Correctional and Medical Institution. The next year, 1984, she reapplied to several medical schools, including MCG. During the course of her interviews, she found that MCG would have been her first choice, regardless of its location.

"There were a lot of pluses MCG has that I thought everybody had until I applied to different medical schools," she says. "I found out differently."

This time, MCG accepted her. But Dr. Scherer's dream once again was sidetracked.

"I found out six weeks after I got accepted that I was pregnant," she says. The pregnancy was difficult; she was hospitalized for six weeks with pre-eclampsia, a complication of pregnancy that can lead to convulsions and high blood pressure. She spent the hospital time studying, but the school gently informed her that she'd have to restart the next year.

"It was traumatic, but I knew my child was more important than medical school, and I knew medical school would still be there next year. I got to be a full-time mom for a few months, which was nice."

She started over as a freshman the next year. The next few years—medical school, then a family practice residency at MCG—proved to be a formidable challenge for a mother of two. Dr. Scherer's husband, a church director of youth ministry, assumed the lion's share of holding things together at home. A next-door neighbor babysat during the day.

"My husband said I did medical school and a residency and he did Kroger and the kids," she says with a laugh.

But she wasn't laughing at the time. She didn't have time to. "It's kind of like everything you hear (about medical training) is all true, but you don't believe it when you start out because you're so excited to be in."

She dealt not only with the stress of long, hard work, but with the guilt of spending limited time with her children. "I think once you give birth, there's this guilt gene that turns on," she muses. "One of the older women I worked with told me, 'You feel guilty all the time, so just accept it.'" So how did she manage? "Time management, time management, time management."

Things have looked up since then. After completing her residency, Dr. Scherer joined the staff at University Hospital's Prompt Care, something of a combination doctor's office/emergency room, in nearby Martinez, Ga.

"I treat all ages for everything from minor trauma to acute care," she says. The hours are manageable and she loves her work, she reports happily. Asked to speculate about her long-term future, she laughs at her track record of unpredictability.

"The way my life has been, I've never known what I'm doing from year to year," she said. "But I'm very happy with what I do now." ■

Dr. Patricia Scherer

Study Probes Racial Differences in Blood Pressure

Toni Baker

When stressed, black female children as young as 8 years old show greater increases in their blood pressure than their young, white counterparts, according to studies at the Medical College of Georgia.

"Black female children are much more responsive to stress, and some of the mechanisms involved are related to how their blood vessels react to these stressors," said Dr. John Dysart, MCG pediatric cardiology fellow and an investigator of the study. "Their blood vessels tend to show greater constriction in response to these stressors."

Studies of adults have shown that blacks have a higher incidence of high blood pressure than whites; the prevalence rate of essential hypertension is at least 50 percent higher in blacks, Dr. Dysart said.

"Looking at these mechanisms in children may change the way we treat blood pressure in blacks. It may be necessary to make lifestyle changes in these children early if we are going to reduce the incidence of high blood pressure among black adults," Dr. Dysart said of study findings presented at the March meeting of the American Psychosomatic Society in Charleston, S.C.

Dr. Frank Treiber, an MCG child psychologist, and Dr. William B. Strong, chief of the MCG Section of Pediatric Cardiology, collaborated on the study.

Researchers looked at 171 females ages 8 to 13, including 97 blacks and 74 whites. The children have at least one parent and one grandparent with high blood pressure. To mimic life's stresses, the children played challenging video games and had ice bags placed on their foreheads.

The children are part of a larger group being followed for five years at MCG's Georgia Prevention Institute to determine whether exaggerated cardiovascular responses to stress—such as the higher-than-expected blood pressures—can help predict who will develop high blood pressure early in life.

Long-term studies at MCG's Georgia Prevention Institute also are looking at the impact of diet and exercise on children and the prevention of cardiovascular disease. ■

Art Exhibit Explores Life in Operating Room

Christine Hurley Deriso

The vivid colors and sweeping lines seem almost abstract at first glance. But upon closer inspection, one can decipher the harsh bright lights of an operating room; the concentration of a surgeon's face; a scalpel held deftly in his fingers; a patient lying helplessly before him.

This artwork—and its underlying themes of life, death and salvation—was exhibited in the lobby of the Medical College of Georgia Ambulatory Care Center Feb. 24-March 3.The exhibit, titled *The Heart,* was presented by Georgia artist Lamar Dodd.

Mr. Dodd began exploring an artistic conceptualization of medical science when his wife, Mary, required open-heart surgery at Emory University Hospital in Atlanta. Although the exhibit's works are derived from his impressions of open-heart surgery, they explore questions as fundamental as the meaning of life and defining the living spirit, according to Richard Schneiderman, former director of the Georgia Museum of Art.

"(Mr. Dodd) helps us look at the discoveries made by medical doctors and the new techniques they have developed," he wrote. "We see in his paintings the reading of electrocardiograms, heart catheterizations and many other sophisticated studies that examine the unseen workings of the heart. But more importantly, Lamar Dodd shows us that these technical means are peripheral, that what is essential is the human, and thereby divine, spirit.

"The specific interpretations remain with the views, but what is essential here is the unending process of life, death and rejuvenation. Lamar Dodd shows us that life is a continuum."

Mr. Dodd's career has spanned seven decades. In 1958, he was a member of the first cultural exchange between the United States and the Soviet Union. He was appointed to the University of Georgia faculty in 1937 and named head of the art department a year later. He was chairman of the Division of Fine Arts from 1961 to 1973, at which time he retired as a Regents professor emeritus of art and chairman emeritus of the Fine Arts Division. ■

Chest Pain Center Focuses on Prevention, Treatment

Toni Baker

A center that expedites the evaluation and treatment of patients with chest pain has been established at the Medical College of Georgia Hospital's Emergency Services.

"What we are trying to do is educate the community that if they have chest pain, they should be evaluated right away," said Dr. David L. Rutlen, chief of the MCG Section of Cardiology. "If a patient is having a heart attack, minutes can make a difference in preventing the death of heart muscle or even preventing the death of the patient."

The Chest Pain Center, located in the MCG Hospital, consolidates personnel and facilities to ensure rapid response to a heart attack in progress, said Rebecca Andrews, director of MCG Emergency Services. This response includes rapid administration of drugs designed to dissolve clots blocking blood and oxygen supplies to the heart, thereby reducing the damage caused by a heart attack.

MCG also is taking its resources to community groups, professional groups and others interested in learning what they need to know about recognizing significant chest pain and how to avoid heart trouble.

The goal is to provide educational programs so the public can learn how to avoid, recognize and respond to heart attacks, said Dr. Elgin Hobbs Jr., medical director of MCG Emergency Services.

"Our goal is to get to you before you are having your heart attack," Dr. Hobbs said. The center's educational goals include teaching the public to recognize the early discomfort that signals heart trouble, what steps need to be taken and lifestyle changes that may make it possible to avoid heart trouble altogether.

"The fact of the matter is that anyone with chest pain should come to be evaluated," Dr. Rutlen said. Emergency-medicine physicians and nurses are the first line of response at the Chest Pain Center, so that evaluation and intervention can begin immediately, he said. MCG cardiology faculty are consulted, and if the chest pain results from heart problems, cardiology faculty become the primary care givers, he said.

MCG Emergency Services always has been ready to respond to any causes of chest pain, but the Chest Pain Center organizes the resources into a plan which promotes early screenings and recognition of patients in high-risk categories, Mrs. Andrews said. ■

Nursing

Compassion Leads the Way for Nursing Alumna

Christine Hurley Deriso

Joy Hinson Penticuff has vivid memories of the stray animals who chanced to wander on to her grandparents' farm, the site of much of her childhood.

The animals weren't stray for long. As soon as her grandmother spotted them, they were family.

"She would get up at night and feed them with little teeny droppers and make a bed for them. I remember her as a very compassionate person, and I wanted to be like her."

Dr. Penticuff followed her heart and enrolled in the Medical College of Georgia School of Nursing in 1964. She particularly set her sights on working with premature newborns. "The thought of taking care of preterm babies reminded me of my grandmother and her animals," she said.

Dr. E. Louise Grant, then dean of the nursing school, spotted that spark of enthusiasm in her student and urged her to reach her highest potential.

"I had already decided before I graduated that I wanted my master's degree in pediatric nursing," Dr. Penticuff said. "Dr. Grant told me Case Western Reserve University (in Cleveland) had the top-rated program."

She earned her master's degree there, then went straight into the school's doctoral program in clinical psychology.

"I wanted my doctorate and I wanted also to be clinical," she said. "I was really focused on being a clinical expert in the area of infant care and supportive care for families."

Her clinical experience had taught her that the emotional toll for families with ill or premature infants is enormous. She envisioned her education enabling her to meet both sets of needs.

She met her husband at Case Western, and after earning her doctorate, the couple moved to Austin where Dr. Penticuff joined the faculty of the University of Texas at Austin School of Nursing.

"I always felt I was doing clinical psychology to be a better nurse," she said. "I guess it was just natural I'd join a nursing school faculty."

She's been there ever since and has simultaneously maintained a private practice counseling expectant parents at high risk of having a problem pregnancy or whose unborn child is likely to have health problems. She also teaches a course in perinatal ethics and was senior fellow for a sabbatical at the Baylor College of Medicine Center for Ethics. Dr. Penticuff serves on the March of Dimes bioethics committee, probing such issues as genetic therapy and substance abuse during pregnancy.

"Perinatal ethics is really my main interest right now," she said.

She has spoken nationally on the subject and consulted with five hospitals in Sydney, Australia.

And her career is about to become busier still; she's been named associate dean for academic programs at the University of Texas at Austin School of Nursing. "I'll still have the freedom to consult in that position, which I'm very happy about," she said.

She's thrilled with where her career has taken her, but Dr. Penticuff also has high praise for where it began. "I feel the education I got at MCG was by far the best of all my education," she said. "The dean and faculty were visionaries. The program was absolutely superb. ■

Endowment Honors Former Faculty Member

A Medical College of Georgia School of Nursing endowment has been established in memory of a former faculty member in the school.

The endowment, established by Dr. Joseph Lunn, a professor in the MCG Department of Medicine, honors his wife, Marilyn Chew Lunn, who died of cancer in fall 1992. Mrs. Lunn was a faculty member in the MCG Department of Adult Nursing from 1975 to 1981. The endowment will fund cancer nursing research. Those eligible to apply for the funds include MCG School of Nursing faculty and graduate students and alumni working in oncology nursing. The first recipient will be awarded during the 1993 School of Nursing Honors Convocation held in the spring.

For more information, or to contribute to the endowment, contact Dr. Vickie Lambert, dean of the MCG School of Nursing, at (706) 721–3771. ■

Nursing Alumna Stresses Positive Attitude

Christine Hurley Deriso

The best way to enhance the nursing profession is for nurses to convey a positive attitude about the field in every aspect of their lives, according to Leola Mims, acting clinical director of nursing surgical services at Augusta's University Hospital.

Ms. Mims, who earned a bachelor's degree in 1978 from the Medical College of Georgia School of Nursing, discussed the subject Feb. 26 as the second guest lecturer in a series sponsored by the school to celebrate its 50th anniversary. Her lecture was titled, *Being a Registered Nurse: It's Not an Eight-Hour Commitment.*

More than 62,000 nurses practice in Georgia, and the group should practice its positive attitude first and foremost with each other, Ms. Mims said. "We haven't always been as kind to each other as we could be in the nursing profession," she said. "No nurse can be a good nurse if she is put down by other nurses. When we speak poorly of any nurse, we're speaking poorly of ourselves. We need to think positively about others' accomplishments in nursing. We're all obligated to help nurses get stronger in their job."

Such support should extend to all nurses—not just those in close contact, she said. "There's nothing wrong with a young nurse helping an old nurse to grow; there's nothing wrong with a nurse helping a nurse from another unit, or another hospital, to grow. We have to network."

Sharing positive experiences helps enhance the entire health-care environment, Ms. Mims said. "I try to tell new nurses how much fun we have in the operating room. We can only be as positively perceived as we present ourselves. That includes those we work with and those we pass on the street."

It's fine for nurses to ventilate their problems, she said, but they should do so quietly among themselves; the general public isn't served by hearing their frustrations, she said. "We need to focus on speaking positively about our profession," she said. "Whether we say it or not, most of us have fun at what we do. If we didn't, we wouldn't stick with it for years."

Nurses can further enhance their image by becoming involved in the community, she said. "Show (the public) that nurses care about the community and the community's health," Ms. Mims said. "It only takes a couple of volunteers

to get people talking about how nurses in Augusta really care about people's health."

And perhaps most importantly, nurses should serve the profession by being the best advocate possible for their patients, she said. "Examination tables, for instance, can be very uncomfortable for elderly or arthritic patients," she said. Nurses should consider such factors and help make the entire health-care experience as positive as possible. Nurses also can make a human connection, conversing with patients and perhaps uncovering information—such as depression that may be contributing to a health problem—that might otherwise have gone unnoticed. ■

Rural Health Outreach Program Begins Childbirth Classes

The Medical College of Georgia School of Nursing Rural Health Outreach Program has begun offering childbirth classes in Louisville, Ga.

The Rural Health Outreach Program, funded by the W.K. Kellogg Foundation of Battle Creek, Mich., is a means of improving health care in rural Georgia. Louisville is located in Jefferson County, the fifth most economically disadvantaged county in Georgia.

The classes, to be held in the Rural Health Outreach Program Family Center across the street from Jefferson Hospital, will teach relaxation techniques during labor along with information about delivery, breast-feeding and infant care. The classes consist of six sessions taught Tuesdays from 7-9:30 p.m. The teacher is a registered nurse in Louisville with special training in childbirth instruction. The cost is $50. The next class will begin April 20.

For more information, call the Rural Health Outreach Program office at (912) 625-8137. ■

Nursing Research Probes Children's Self-Esteem

Christine Hurley Deriso

A Medical College of Georgia nursing researcher is trying to determine exactly how parents affect their children's self-esteem.

"Although it's widely accepted that parents influence how their children feel about themselves, there aren't really many studies to document this," said Dr. Maureen Killeen, associate professor in the MCG School of Nursing Department of Psychiatry and Mental Health.

Dr. Killeen tested the assumption by interviewing adolescents, their parents and their teachers. She also observed 120 teens discussing with their mothers the issue of keeping their rooms clean.

"We put them in a room and asked them to discuss a common problem in raising children: getting kids to clean up their rooms," Dr. Killeen said. "We observed them and noted the emotional tone of the interaction."

She observed that the children whose mothers displayed hostility and negativity during the interaction were more likely to have low self-esteem than those whose mothers were warm and positive. "We found that the children's self-esteem was related to how negative their mothers were toward them," she said.

The interviews supported the finding. Dr. Killeen said that children's images of themselves tended to mirror their parents' descriptions of them. "We asked about the children's social competence, for instance," she said. "How socially competent the children rated themselves was the same as how their parents rated them."

She also noted, however, that children's behavior influences parenting styles. The teachers she interviewed identified children with behavioral problems. Dr. Killeen found that these children's parents reacted to the misbehavior by being more negative than they otherwise would be. "The data supports that the children's behavior determines the parents' negativity," she said.

Parents exhibiting signs of depression also were more negative than others, Dr. Killeen found. "The more depressed they were, the more negatively they described their children," she said. "But this didn't necessarily influence how they behaved with their children. What influenced behavior toward children is the number of behavior problems the children had as rated by their teachers."

Dr. Killeen, whose research is funded by the National Institute of Mental Health, will repeat the study using mothers who are clinically depressed. She also will probe how peers influence children's self-esteem. ■

Dr. George's Homelessness Research to be Featured

Dr. Shirley George, associate professor of community health nursing at the Medical College of Georgia, has been invited to present her homelessness research at an international meeting.

Dr. George's research will be presented at the 20th Quadrennial Congress of the International Council of Nurses in Madrid, Spain June 20–25. The council is based in Geneva, Switzerland. The research, titled "From Concept to Reality: Health Care for the Homeless," details Dr. George's efforts to form a community coalition to share resources and establish a health clinic for the homeless. ■

MEDICAL COLLEGE OF GEORGIA
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Deadline for submitting information for publication in the summer issue of* AlumNews *is May 10, 1993

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Homecoming... *cont. from page 9*

—Medicine 1973 reunion, ballroom, Old Medical College, 7 p.m., $40.
—Medicine 1978 reunion, Radisson Hotel Augusta, 7 p.m., $40.
—Medicine 1983 reunion, Telfair Inns, 7 p.m., $40.
—Medicine 1988 reunion, Oglethorpe Inn, 7 p.m., $40.
—Dinner for medicine alumni who are not having a reunion, solarium, Old Medical College, 7 p.m., $40.

Sunday, May 2
—Medicine alumni association memorial service, solarium, Old Medical College, 11 a.m.
—Medicine Emeritus Club luncheon, ballroom, Old Medical College, 11:30 a.m., $15. ■

Class Notes

School of Allied Health

Anita Grinstead Gattis (M.T., '82) and her husband, Dr. Larry D. Gattis (M.D., '77) have a new son, their first child. His name is Gabriel (Gabe) David Gattis and he was born Oct. 4, 1992.

School of Medicine

Dr. Bernard Durante ('82) has a solo otolaryngology practice in Plymouth, Mass. He and wife Diane have children Laura, 10; Jennifer, 7; and Michael, 5.

Dr. Raymond L. Gilbert Jr. ('83), Athens, Ga., practices family practice with former classmate G. Trippe Jones ('83) in Watkinsville, Ga. He and wife Jennie have 3 sons: Grant, 9; Ward, 8; and Zack, 6.

Drs. Pam and Mark Miles ('86), Edmond, Okla., have a son, Daniel, 3, and a daughter, Cari, born in August 1992. Pam practices OB-GYN on faculty at the University of Oklahoma Health Sciences Center. Mark is completing an Air Force commitment at Tinker Air Force Base in Oklahoma and specializes in internal medicine.

Dr. Scott Reid ('86) died Nov. 13, 1992. Donations may be made to Egleston Children's Hospital in Atlanta.

Dr. Lawrence Nathan ('87), Dallas, completed an obstetrics and gynecology residency in 1991 at the Medical College of Pennsylvania and is currently in the second year of a maternal-fetal medicine fellowship at the University of Texas Southwestern Medical Center in Dallas. He is married to Michelle.

Kathleen Hiller McKenney ('88), Hamden, Conn., is a clinical instructor at the Yale Primary Care Internal Medicine Residency Program and was an internal medicine resident and chief resident at the University of Cincinnati. Husband Daniel ('88) is a fellow in pediatric nephrology at Yale and was a pediatric resident and chief resident at Riley Children's Hospital at Indiana University. They married June 20, 1992 in Atlanta.

School of Nursing

Vicki Miller (BSN) has been named director of clinical assessments at Shepherd Spinal Center in Atlanta.

Maidana K. Nunn (BSNE, '58), Milledgeville, Ga., retired Nov. 30, 1992 as a colonel from the Air Force Reserve Nurse Corp after 21 years. She works in psychiatric nursing at Central State Hospital in Milledgeville.

Kim Oakley Masters (BSN, '79), Columbia, S.C., was awarded the South Carolina Hospital Association "RN of the Year" award for 1992. She plans to complete her MSN as a family nurse practitioner at USC in June 1993 and married Joel W. Masters Aug. 15, 1992. ■

AlumNews

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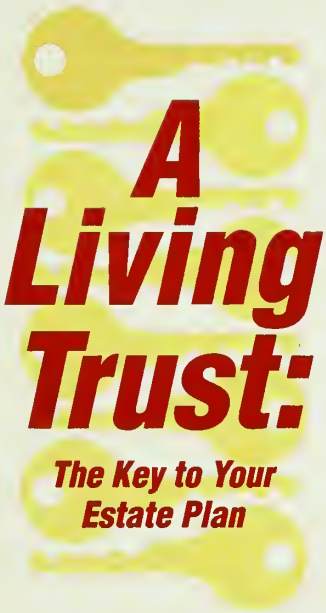


A Living Trust:

The Key to Your Estate Plan

There seems to be quite a bit of discussion these days on the subject of a living trust as an estate-planning tool. But what is a living trust? What are its advantages? And how can a living trust fit into your estate plan? Here are some answers.

A living trust is an arrangement you create during your lifetime to provide for yourself and your family both before and after your death. It has built-in flexibility that can work very well with your overall estate plans. Though there are many advantages to using this estate-planning tool, it is not a substitute for a will.

Benefits of a Living Trust

■ *Reduction of probate costs.*

Although you can enjoy the use of the assets you place in a trust during your lifetime, a living trust removes those assets from your estate for probate purposes. Therefore,you save the probate and administration costs you would incur if these assets were distributed by the terms of your will.

■ *Speedy distribution of trust assets.*

By establishing a living trust during your lifetime, you are setting up a method to manage and distribute your assets. Because a living trust escapes the probate process, your plan of distribution is set in motion immediately at your death. There are none of the delays of a will. With a trust plan, you can be sure your assets ultimately will benefit the charitable institution that means so much to you.

■ *Flexibility of planning.*

Most living trusts are revocable. This gives you the freedom to amend, add to or even completely revoke the trust agreement as you wish.

■ *Freedom of control.*

Living trusts enable you to name both the beneficiaries and the trustee. Most likely you will name yourself as the trustee during your lifetime and maintain the right to appoint and select successor trustees and beneficiaries. You also control the income and principal and how much of it you wish to use during your lifetime.

■ *Investment management.*

You may choose to appoint a professional trustee such as a bank trust department or trust company; some charitable organizations also will serve as trustees. This frees you from the worry of the day-to-day management of assets, yet you still may direct investment goals, including instructing your trustee to change investment strategies.

If you wish, you can give our trustee broad powers and allow the trustee to make the decisions, do all the paperwork and collect the dividends and interest and credit it properly. You would receive periodic and detailed accounting statements, including year-end data for tax purposes. This means you could travel extensively, knowing that your trustee would be managing all the details of your trust assets. Should you suffer a prolonged illness, your trustee even could pay your medical and household bills.

■ *The trust terms are private.*

Unlike a will, no one, other than the beneficiaries, needs to know the contents of a trust.

■ *Charitable contributions.*

Once your needs and those of your family are met, trust assets can be distributed to your favorite charitable institution.

■ *Tax savings.*

A living trust may be drafted to make the most of estate tax advantages afforded under federal law. After your lifetime, the value of the assets distributed immediately to a charitable institution completely avoid estate tax.

But suppose you want your trust to pay a life income to a relative or friend first, after which the remaining principal is distributed to a charity. If, by its terms, the trust then becomes a qualified charitable remainder trust, either an annuity trust or a unitrust, then part of the market value of the trust bypasses the estate tax on your estate. This is based on the survivor's life expectancy.

If the only survivor is your spouse, you can avoid estate tax completely with a charitable remainder trust or with a QTIP (qualified terminable interest property) trust. In a QTIP trust, you arrange for your surviving spouse to receive all the trust income for life and principal supplements, too, if needed for support, as the trustee determines. Thereafter, by the trust terms, the remainder passes to the charitable institution you have named.

We'll Help You Decide Which Plan is Best

Either an irrevocable life income plan or a revocable living trust is a superb way to arrange a significant contribution to your favorite charity during your lifetime.

When you establish an irrevocable annuity trust or unitrust, you become entitled to a substantial income tax charitable deduction immediately. You select the payout amount or variable rate at the outset, and it does not change during the trust term.

Keep in mind that there's no income tax charitable deduction when you create a revocable trust, and the level of income is not guaranteed. The trust's assets will be invested in highly rated securities, of course, but the yield is dependent upon economic and market conditions. From your standpoint, these drawbacks may be more than offset by your right to retain control of the trust terms and investments.

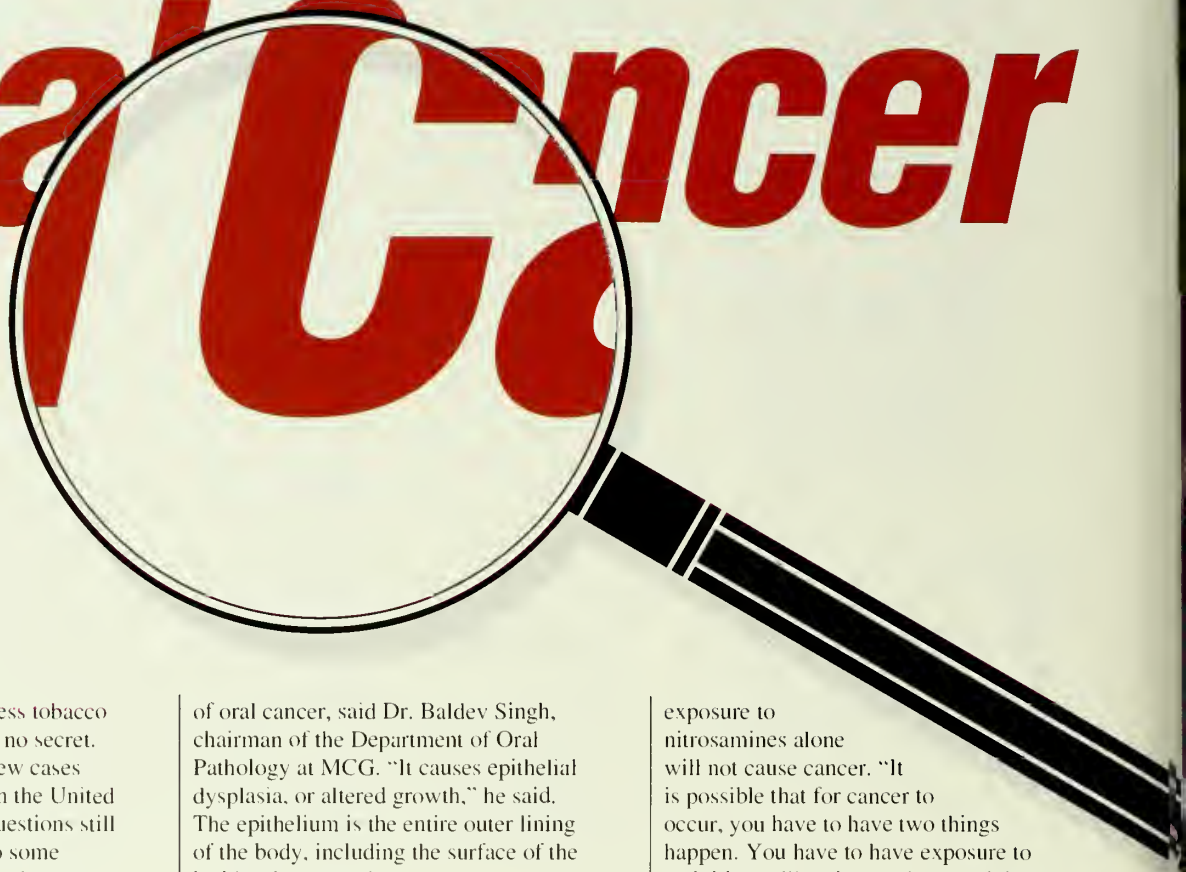
A living trust generally is not a stand-alone document. It is advisable to have a pour-over will since it is difficult to get every asset into a trust.

Your philanthropic motives must blend with your personal needs and tax planning. There is rarely a single route to your estate-planning goals.

A living trust gives you flexibility while you receive income from your assets during your lifetime, and it can provide asset management after your death. If you feel a living trust may benefit your estate plan, please contact our offices at 1-800-869-1113 for more information on this advantageous arrangement. ■

—BRUCE HOWERTON

An Up-Close Look at Oral Cancer



The fact that smokeless tobacco can cause cancer is no secret. There are 30,000 new cases reported annually in the United States alone. But questions still remain. For instance, why do some people who chew tobacco not develop cancer? It is a question that has led researchers at the Medical College of Georgia straight to the heart of how smokeless tobacco can harm our health.

"Some people will chew tobacco and get cancer, and yet other people will use it for years and years and have absolutely no effects from it that we can detect. What we have been working on is trying to define why you get this irregular pattern," said Dr. George Schuster, Ione and Arthur Merritt Professor of Oral Biology at the MCG School of Dentistry.

What Dr. Schuster has found is that nitrosamines—a substance formed when tobacco is cured and when it is exposed to saliva—make the cells of the mouth more susceptible to cancer by damaging their membranes. "Some of the regulatory pathways of the cell are changed by these nitrosamines," he said. "We think nitrosamines are altering the lipids within the cell. Lipids are basically fats which make up the membrane or outer shell of the cell. It causes the membrane to act in a manner other than it normally would."

This is the first step in the formation of oral cancer, said Dr. Baldev Singh, chairman of the Department of Oral Pathology at MCG. "It causes epithelial dysplasia, or altered growth," he said. The epithelium is the entire outer lining of the body, including the surface of the inside of the mouth.

"There is a boundary between the epithelial cells and the connective tissue. When that boundary is broken, then you have a problem," he said.

Dr. Schuster believes that since cancer is caused by a combination of factors, exposure to nitrosamines alone will not cause cancer. "It is possible that for cancer to occur, you have to have two things happen. You have to have exposure to an initiator, like nitrosamines, and then you have exposure to a promoter (an agent which causes cancer cells to grow and spread). If you don't have one or the other, you would not develop cancer," he said. "That may explain why the pattern is so irregular."

There are 30,000 new cases of oral cancer reported annually in the United States.

Dr. Singh attributes this phenomenon to pre-existing conditions in the body which inhibit its ability to fight off nitrosamines as they damage the cells of the mouth. "It is very unpredictable for each patient whether or not they will get cancer," he said. Vitamin deficiency, genetics and the immune system can all play an important role in the development of cancer.

Vitamins play a key role in protection against cancer because of their ability to strengthen the epithelial tissues, Dr. Singh said. Vitamin A helps prevent nitrosamines from forming once tobacco enters the mouth, thus preventing the breakdown of the cell's membrane, which prevents the formation of cancer.

From a genetic standpoint, some people lack the necessary proteins which allow vitamin A to be absorbed and used

by the body, Dr. Singh said. "It is possible to have a genetic disposition to carry less of a retinal binding protein in the blood. Then the blood can't carry the vitamin," he said. In these individuals, the vitamin is simply eliminated with the other waste in the body. This condition can increase the risk of cancer since the epithelial tissue is unhealthy and more susceptible to attack by carcinogens. The epithelial tissue is part of the body's immune system, and any breakdown of this system can have tragic effects.

Lesions form in the mouth in the exact location of exposure to smokeless tobacco. The lesion usually appears as a white patch which is painless initially. As the damage progresses, the lesion develops a bright red area, indicating the advancement of the disease.

Once the damage has occurred to the epithelial tissue, or any other cells in the body for that matter, promoters help cancer cells proliferate. Promoters are found in foods, alcohol, the air we breathe and chemicals found in the environment. So many agents can act as promoters that they are virtually unavoidable, Dr. Singh said. "We can't avoid pollution, but yes, we can reduce it. Even passive smoking (second-hand smoke) you can't avoid. All you can do is live the best you can. Eat well, exercise and avoid carcinogens as much as you can."

The problem with both initiators and promoters of cancer is that once carcinogens enter the body, they become more dangerous. "Metabolic conversion of carcinogens makes even stronger carcinogens which in turn acts as initiators and promoters," said Dr. Singh.

Smokeless tobacco use among adolescent males has grown 300 percent in the last 20 years.

In other words, the body changes cancerous substances into even more dangerous substances in its attempts to break them down.

One of the main problems in treating oral cancer is a condition called field cancerization, a phenomenon that describes patients with numerous lesions in many different places. Since nitrosamines are formed in the saliva, they are only limited by how far the saliva can carry them. This can result in lesions in the esophagus as well as other locations within the mouth. When oral cancer forms in one location, chances are good that it has formed or will form elsewhere as well.

Discovering the effect that nitrosamines have on the cell membrane is the first step in finding out how smokeless tobacco products cause cancer. "If you can find the mechanisms which cause cancer, then you can alter them or avoid them, but you have to know how they operate," said Dr. Schuster.

The research could hold the key to preventing oral cancer. The implications are far more than academic. Despite all the warnings about smokeless tobacco, its use has grown nearly 300 percent among adolescent males in the last 20 years.

—GLENN HUDSON

COUCH-POTATO KIDS

Mary Ann Kell died a little inside each time her daughter, Vanessa, confided that kids were teasing her because of her weight.

Vanessa, age 11, is a beauty, but like her mother, she's always struggled with extra pounds.

"She's had a weight problem since day one. I know how she feels," Mrs. Kell said wistfully. "I said, 'Honey, I've been there.'"

But that didn't make things any easier for Vanessa, and the problem assumed a sense of urgency when she was diagnosed with high blood pressure.

"Her blood pressure kept going up and up and up. We were getting close to putting her on medication." Mrs. Kell decided then and there that things around the Kell household were about to change.

"We're from Tennessee, and we'd always eaten country-style," Mrs. Kell said. "Biscuits and gravy for breakfast—that kind of thing."

You'd be hard-pressed to find biscuits and gravy in the Kell kitchen these days. The family has largely eliminated sweets from its diet, and Mrs. Kell never buys anything without checking its fat content on the label. Her husband loves ice cream, but she sends him out for a cone when he gets the urge. She learned that if Vanessa was going to tackle her problem, the whole family had to change. It wasn't enough, she learned, to ask Vanessa to abstain while her parents continued eating junk food at will.

Vanessa limits her calories to 1,500 a day (her pediatrician's recommendation) and she exercises regularly, including a twice-weekly dance class with her mom and informal basketball games with her friends. As her weight and blood pressure slowly inch down, her self-esteem is inching up. And her mother works hard to keep her from feeling deprived. For one thing, she's purged the word "diet" from their vocabularies.

"I try to stress to her that she's not on a diet," Mrs. Kell said. "We're learning how to eat right."

Faculty involved with weight control at the Medical College of Georgia give Vanessa and Mrs. Kell two enthusiastic thumbs up. They're doing everything right: adapting to a whole new healthy way of eating rather than flitting from one fad diet to another; having the patience to lose weight slowly and sensibly; incorporating regular exercise into their lives; and accentuating the positive.

Dr. Bernard Gutin, professor of pediatrics and physiology of the Medical College of Georgia, studies childhood obesity within MCG's Georgia Prevention Institute and has worked to determine the factors that distinguish the success stories, like Vanessa, from those whose childhood weight problems translate into lifelong obesity.

The number of the latter group, unfortunately, is legion.

"The problem of childhood obesity is getting worse," Dr. Gutin said. "The prevalence in those age 6 to 11 increased by 54 percent between 1963 and 1980."

Why such an astonishing increase? "When you get such a marked increase in 20 years, genetics aren't responsible," he said. "It's very clear that some environmental/behavioral factor must have changed. There are two candidates: physical exercise and diet."

Dr. Gutin recently studied 97 children over three years to gain more insight. The study, funded by the National Institutes of Health, determined that fatter children were less active than lean children. And predictably, he found caloric intake to be an indicator of future weight problems. In a separate small-scale comparison of obese and non-obese girls, the resting metabolism and reported caloric intake of the two groups were similar. However, the non-obese girls were almost three times as active as the obese girls. But does obesity lead to inactivity, or vice versa?

"It's a chicken-and-egg question," Dr. Gutin said. "When you're heavy, you're moving a lot of extra weight."

He theorizes that overeating leads to a weight problem, which then dissuades people from exercising because of the strain involved. "That's definitely one of the possibilities that would explain everything," he said.

Societal changes also are implicated. Children today often come home to an empty house; many even prepare their own meals. Both of Vanessa's parents work, "and when Vanessa would come home after school, she'd eat four or five pieces of cheese," her mother said. "I called her a sneak-eater."

Dr. Gutin's study suggested that fatter children tend to under-report how much they actually eat. Even 7- to 10-year-olds may "forget" or not notice how many snacks, especially high-fat snacks, they eat.

Vanessa has discontinued such habits, both because of her own motivation and her mother's vigilance in keeping high-fat food out of the house, but other households are less accommodating. Such virtually ubiquitous childhood accoutrements as television and video games also conspire to keep children more sedentary than they should be.

"You ask a lot of obese kids what they do and they say they play (video games) and watch TV," said Dr. Margaret Renew, an MCG pediatrician whose patients include Vanessa.

Increased physical activity is vital to weight loss in childhood, she said. "Diets are no good, because as soon as they're over, the kids will resume their old habits. Plus, kids need calories for growth."

Children shouldn't lose more than 1 or 2 pounds a week, she said, and Dr. Gutin concurs that exercise should be the centerpiece of a child's weight-loss program. "Changing to a low-fat diet is a good idea, but we would not necessarily want to reduce total caloric intake," he said. "A growing child needs to eat a lot to get adequate nutrients. Dieting has the effect of reducing muscle and the size of the heart—reducing all fat-free tissue. Dieting for kids is a bad idea."

Indeed, parents who dwell on every calorie a child consumes could set the stage for a future eating disorder, said Dr. Christian Lemmon, director of MCG's Eating Disorders Program. "I think it's important that families eat healthy food, but it's also important not to overemphasize food and label it as 'good' and 'bad,'" he said. "Making a big deal out of weight and food can do the child a big disservice."

And parents unwittingly convey messages even when they don't intend to. "Parents model a lot of behavior," Dr. Lemmon said. "Kids are extremely perceptive. The best thing a parent can do is to be an appropriate role model and eat well-balanced meals."

PROBLEMS THOUGHT OF AS ADULT PROBLEMS REALLY BEGIN IN CHILDHOOD.

Dr. Renew agrees that the examples set by parents can sabotage children's weight-control efforts. "Parents come in looking for an easy answer, like a thyroid problem, and it's usually just not there," she said. "I teach the whole family about food groups and exercise. That's where the success lies. I try to teach parents that these are the things a child will carry with him for the rest of his life.

"Children don't have the will power to not eat candy bars if you have them in the house. In my opinion, the reason the success rate (of treating obese children) is so low is because of lack of family commitment."

Children also tend to mimic their parents' activity level, so regular exercise for the whole family is important, said Dr. Gutin, emphasizing that the subject bears increasing importance as the child ages. "Females (in our society) have a tremendous reduction of physical activity during their teen-age years," he said. "Teen boys do also, but not anywhere near as much as girls. The fact is that the average American child is too inactive. We want to boost the average level for all children. That's the best prevention and treatment."

He advises parents to encourage their children to play outside frequently. "You're just more likely to move around if you're outside," he said. "More formalized exercise, such as dancing and sports, is fine, too."

Healthy lifestyle changes will pay tremendous dividends, he said, and may forestall future problems. "We see the relationship between body fatness and blood pressure at a very young age," he said. "Fatter kids have higher blood pressure and cholesterol levels. We've looked at kids as young as 3 and 4. All through childhood, we see this. Problems thought of as adult problems really begin in childhood, which emphasizes the important of preventing them in childhood."

And an uncontrolled weight problem in childhood generally translates into a lifelong struggle. "Being fat as a baby doesn't mean you'll be a fat adult. But if you're fat at age 3, you're likely to be fat at age 6, 10, 20," Dr. Gutin said. "And treatment of obesity in adulthood is very ineffective. This implies it would be especially sensible to prevent it in the first place in childhood."

And, as Vanessa's case illustrates, healthy management of childhood obesity can prevent crushing blows to self-esteem. "I ask (my obese patients) if other children make fun of them and they almost always say yes," Dr. Renew said. "A couple of them have self-esteem that is just bottoming out because they're hitting puberty and they don't have friends. I've had parents sit here with tears in their eyes and tell their child, 'Baby, I didn't know people were calling you names.'"

Dr. Gutin plans to pursue his work pinpointing the cause of childhood obesity, but he said enough information has been amassed to sound the alarm for overall societal lifestyle modifications.

"We tend to be fatter than almost any country in the world," he said. Our children, he cautions, can't afford that distinction.

—CHRISTINE HURLEY DERISO

Eye on the Future

Dr. Vickie Lambert glanced at her watch as she paced the floor of the her dentist's waiting room: 8:45 a.m.

"Where is she?" she thought anxiously.

"She" is Dr. Lambert's daughter, Alexandra, and the two were scheduled to meet on this December morning for their dental appointments.

Dr. Lambert resumed her floor-pacing for the next few minutes, checking her watch frequently with a growing sense of doom.

At exactly 8:59 a.m., daughter Alexandra (Lexy to her mom) breezed cheerfully into the waiting room.

"Lexy! Where have you been?"

"Mom," her daughter responded patiently, accustomed to her mother's zeal for promptness. "I am not late. It's 8:59. Our appointment is at 9."

Dr. Lambert laughed at herself. "Okay, so you're right."

"And *that*," Dr. Lambert laughs as she shares the story a few weeks later, "is how type-A I am."

Few who know her would dispute that "type-A" is an apt characterization of Dr. Lambert, dean of the Medical College of Georgia School of Nursing since 1990. Her barely 5-foot frame is a study of constant motion and energy, whizzing from one task to the next, one eye forever trained on what's ahead.

But that characterization alone doesn't suffice. She's not just energetic; she's *gleefully* energetic, exuding a sense of fun and purpose. She's not just busy; she's productive, the type who bemoans that there aren't more hours in the day.

Her personality obviously suits her well. Not only has she systematically achieved one career goal after another, she's also thoroughly enjoyed herself in the process. And although many academicians would consider the title of "dean" a career pinnacle, a point at which to slow down and perhaps begin fluffing up their laurels for some well-deserved R and R, Dr. Lambert keeps moving full steam ahead. Her destination is always foremost in her mind, but the journey is half the fun. No, she's not slowing down any time soon.

Step into her office and you'll feel as though you've just stumbled into the parlor of a very warm and gracious hostess. You sense her energy, but she seems to convey that nothing is more important than the item at hand, whatever it may be. You have her full attention. And if the subject at hand happens to be the Medical College of Georgia School of Nursing, you have her unbridled enthusiasm.

"For some reason, (MCG) is like home to me," she says. "I have a strong emotional attachment."

Her native home is Pickstown, S.D., a government-owned town built to house employees of a nearby dam. Her father, a Corps Of Engineers employee, was among them. Its residents numbered 325, all of whom rallied around and cheered on their fellow citizens. It was a great place to grow up, says Dr. Lambert, an only child. Maybe the reason she feels so at home in Georgia, she reflects, is that the environments strike her as very similar.

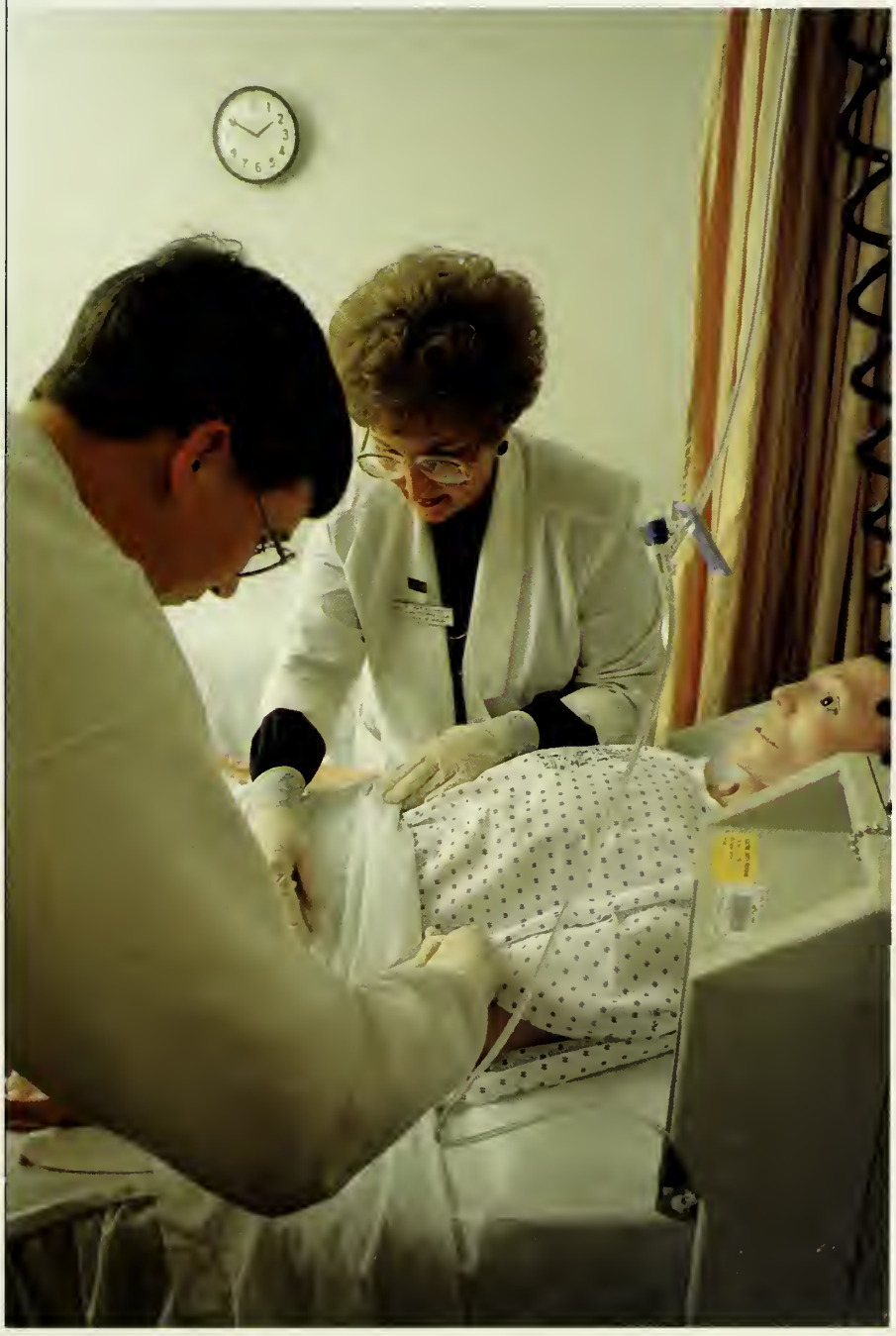
"I really like the South," she says. "I see very little difference between Southern culture and rural midwestern culture. I had very little difficulty assimilating. When people talk about rural Georgia, I can totally relate."

Among those who figured prominently in her childhood was a great-aunt who happened to be a nurse. "I found her an absolutely fascinating person," Dr. Lambert says. "She's probably the reason I became a nurse."

After high school, Dr. Lambert enrolled in the Mary Lanning School of Nursing diploma program in Hastings, Neb. Most nurses were educated in diploma programs at the time," she says. "(The programs) were really on-the-job training. I'm very glad nursing education has gotten out of that mind-set and moved into the academic arena. That's really where we belong. Nursing is much more guided by science than it used to be. It used to be more experiential: 'This worked for me, so it must be good.'

"In the program, we were assigned one or two patients and were supervised. One of the major differences between then and now is that we were a major factor in staffing the hospital. If we had a conference to go to, the needs of staffing the hospital came first: if they needed us, we skipped the conference."

Although she enjoyed the program and the patient contact it provided, Dr. Lambert quickly realized she wanted to expand her horizons. After the program, she followed the advice of her teachers and enrolled in the University of Iowa College of Nursing to pursue a bachelor's degree. "After my bachelor's degree, I worked as a staff nurse and head nurse at the University of Iowa Hospital. Then I got this yen that, gee, I wonder what it'd



MEDICAL COLLEGE OF GEORGIA SCHOOL OF NURSING 1943-1993 FIRST FIFTY YEARS OF EXCELLENCE

be like to teach," she says.

The University of Iowa hired her as an assistant in instruction—"this was even below an instructor," she laughs. "But I was hooked. It was really incredible. I knew at that point that if I wanted to teach, I had to go back to school."

So back she went, this time to Case Western Reserve University in Cleveland, where she earned a master's degree and met the man she would marry, Clint, also a nursing student.

After she and her husband married, their energies focused on their joint careers and their daughter, Lexy. Her husband was in the military, so his career largely dictated the many moves they made through the years. "But he always requested duty stations where we thought I could advance my career," she says.

After teaching for several years at the University of Pennsylvania School of Nursing, she earned her doctorate in nursing science at the University of California, San Francisco.The balancing act of work and family sometimes seemed a bit overwhelming, but she never strayed from the course she'd set for herself.

"You can hardly (be a working mother) if you don't have a supportive spouse, and Clint was extremely focused," she says. "Plus, Lexy's always been very mature and independent. I think at a very early age she learned her own mind. She always felt she had ample attention, and she's probably my biggest fan. When I finished my doctoral degree, she was just so excited."

Shortly thereafter—1982—the family moved to Georgia where she joined MCG's staff as associate professor of adult nursing. One of her goals was to help develop a nursing doctoral program within the school, which she and her colleagues accomplished within the next few years. "At times, it was difficult, but we accomplished it," she recalls. "A lot of people just didn't understand the necessity of a doctoral program."

Once the powers-to-be were sold on the idea, the group had to obtain state approval, qualified faculty and a curriculum. "It was really a faculty effort," she says.

By the time their mission was a fait accompli, her husband received yet another set of traveling orders. "I really didn't want to leave MCG," she says.

But she made the most of it, first spending three years at George Mason University in Virginia, where she once again devoted her energies to developing a doctoral program, then joining the Case Western Reserve University faculty as associate dean of nursing.

Around this time, her former colleagues at MCG passed the word along to her that the dean of the nursing school, Dr. Mary Conway, was retiring. MCG was looking for a successor.

"I thought, 'I really can't offend my friends at MCG. Why don't I just send my (curriculum vitae) and see what happens.' It was the smartest thing I ever did."

She was appointed dean in 1990, and she and her husband, now retired from the military, settled in Thomson, Ga., approximately midway between MCG and the nursing school's satellite campus in Athens. (Her husband, also a Ph.D. nurse, has a private mental-health practice in town.)

"I was excited, because I knew Dr. Conway had really moved this school in the right direction," she says. "When she came on as dean, only three faculty had doctorates. When she left, 50 percent did."

But she learned early in her tenure that she had her work cut out for her. "My first meeting as the brand new dean was an emergency meeting to discuss the budget crisis in Georgia. That was truly baptism by fire."

But she relishes a challenge, and she's thrilled at the opportunity to make a real difference in the nursing field. She credits much of the school's progress during her tenure to her colleagues.

"Our Ph.D. program only began in 1987, and I think it's as good as, if not better than, much older, more established schools. We have very talented faculty and students. The faculty are very committed men and women; they really care about the student as a person. It's the most phenomenal thing I've ever seen. When a student has a personal tragedy, the faculty rallies around to help."

She's also looking ahead, anticipating changes in the field. "I want to continue the direction Dr. Conway pointed us in: research. Another mission is being very influential in helping set the agenda for health-care reform."

She envisions nurses assuming ever-increasing visibility in health care. "I really think we'll see more nurse practitioners—nurses with advanced practice skills. They can deliver health care particularly in very rural areas. I see nurses in the future becoming more independent agents in health care," she says. "Nursing has a certain service to offer. It's not the same thing as a physician. But the two can work together collaboratively to offer high-quality health care.

"The handwriting's on the wall," she says. "With the cost of health care, we all have to change the way we've done business."

Such an evolution also requires a new approach to teaching, she says. "Part of our mission is teaching students a process of critical thinking. What they're learning now may be obsolete five years from now. Change will always occur; you need to learn how to deal with it."

But she's happy that as she passes the torch along from one generation to the next, the latter is the recipient of a new level of respect. "I think nursing is much more revered than it was when I went into it. It's seen as a career that requires extensive training and intelligent people who can make life-and-death decisions."

Dr. Lambert's reach also extends throughout the state and beyond, for instance in her capacity as a member of the Georgia Board of Nursing and the Southern Council on Collegiate Education for Nursing. She helped draft technical skills for nursing students in relationship to the American Disabilities Act that have been adopted by several schools throughout the South.

But it is her tenure as dean that is her greatest source of pride. Coincidentally, both she and the school are celebrating 50th birthdays this year.

"This school's strengths so outweigh its weaknesses," she says. "I think that's why our first 50 years have been so productive. We really set the trends for nursing in Georgia." ■

—CHRISTINE HURLEY DERISO

Medical College of Georgia Today Readership Survey

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